FOR STATE HEALTH DEPT.

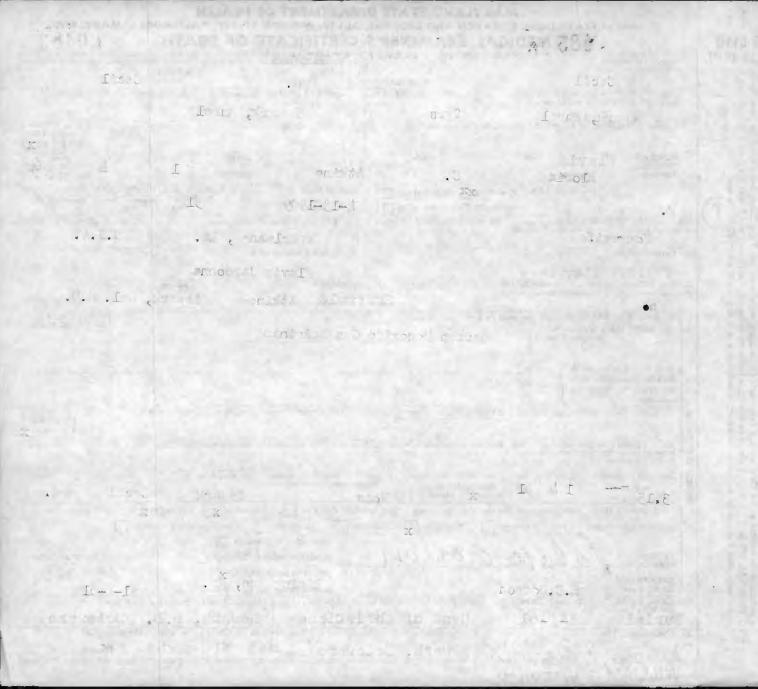
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any done is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funera director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removel, and in any event within 72-ficure after death. 0

VS. ATSME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH (1483 Division of STATISTICAL RESEARCH AND RECORDS, 485 MEDICAL EXAMINER'S

1. PLACE OF DEATH		-±-T		4421	2. USUAL I		CE (Where dece	ased lived, If b. COU		Rasiden	ca bafore	edmission)
	OCIL if outside corporate limi	te	MARY			Md.	f outside corpora	ate limits writ	PIIDAL a	od give	nearest to	wnl
	give neerest lown)	1-9,			A CITY OF			_	U ISWITTE WI	na grea	incercor io	44.7
Newar	Rural		2yrs				rk, Rur	a.L				
d. NAME OF HOSPI	FAT OR INSTITUTION (if not in hos	pital, give stress addr	ess)	d. STREET	ADDRESS					ON	A FARM?
3. NAME OF F.	lavia First		Middle		Last	1	4. DATE OF	Mont	h	Day	Yes	60-
(Type or print) S. SEX	Krowin	\$	C.		Atkins		DEATH	1	. IC I D ID CD	T.	.,,	67 R 24 HRS.
3. 3EA	8. COLOR OR RACE	7. MARRIE	NEVER MARRIE	D B				AGE (In years last bigthday)	Months	Days	Hours	Min.
F.	W	WIDOWE			4-1301			yes,				
10s. USUAL OCCUPAT dona during most of we Housev	rking life, even if retire	10b. K	IND OF BUSINESS OR	INDUSTR			eans , I			U.S.		COUNTRY?
13. FATHER'S NAME					14. MOTHER'S	MAIDEN	NAME					
Phillip	Clavrie				19	Havia	Cardon	ma.				
15. WAS DECEASED EV	ER IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY N	O. 17. I				Address				
(Yas, no, or unkown) (I	fyes give war or datas of s	ervica)		Gri	swold	Atki	ins	Newar	k, De	el. I	.D.	
I 18. CAUSE OF D	EATH [Enter only one	cause per l	ina for (a), (b), and (c							LINI	ERVAL BE	TWEEN
	H WAS CAUSED BY:				One Bot	anni v	ner				SET AND	
163	IMMEDIATE CAUSE (a)	G	arbon Mono	ad.ae	Gas Fo.	LSWILL	46			_		-
013	DUE TO											
Conditions, if any												-
gave rise to immedi (a), stating the u	DE DELIC TO											
causa last.	(c)											
PART II. OTHER	SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEAT	H BUT NO	T RELATED TO	THE TERMIN	AL DISEASE CO	ONDITION GIV	EN IN PAR	- 1		AUTOPSY DRMED?
PART II. OTHER 20s. EXTERNAL CA PRIMARY OF CO CAUSE OF BEATH.	NTRIBUTING	Ob. DESCR	IBE HOW INJURY OC	CURED. (E	nter natura of in	ijury în Part	l or Pert II of it	em 18.)				
3 20c. TIME OF INJU			INJURY OCCURRED		CE OF INJURY (r town)	(Co	unity)		(State)
3.15 p.m.	19	at wor	al work	How			Newa		Cec			d.
21. I certify th	nat I took charge o	of the rem	nains described ab	ove, he	ld an Autops	У	Inspection ±	Inqui	Y K	and	in my c	opinion
death resulted t	rom: Natural ca	uses	. Accident	Suici	de 🔲, H	omicide	, Unde	stermined n	nanner			
	6700	10	0 01- 10		CHIEF	MEDICAL E	EXAMINER [
ACTUAL SIGNATURE	fally	VC	revair	n	M.D.		ICAL EXAMINER			D	ATE SIG	BNED
EXAMINER'S NAME (Type)	R.C.Dod				ABi	sing.	Sun Wo		1	-1:-6	51	
22a. BURIAL, CREMATIC REMOVAL (Spacify		OF	22c. NAME OF CEM				22d. LOCATIO	ON (City, town	, or countr	γ)	(Sta	ita)
Burial	1-5-61		Head of	Chr	istian	a	Newar	k, R.	D. :	Dela	awar	е
23. FUNERAL DIRECTO	R		ADDRESS			24a. REC	D BY REGISTRA	R 24b. REC	SISTRAR'S	SIGNATI	URE	
William	y . Maru	nek	Newark,	Del	aware	DATE JA	N 9 '61	a	Thin &	P. How	ic.	
WILLIAM	J. WARW	ICK.										



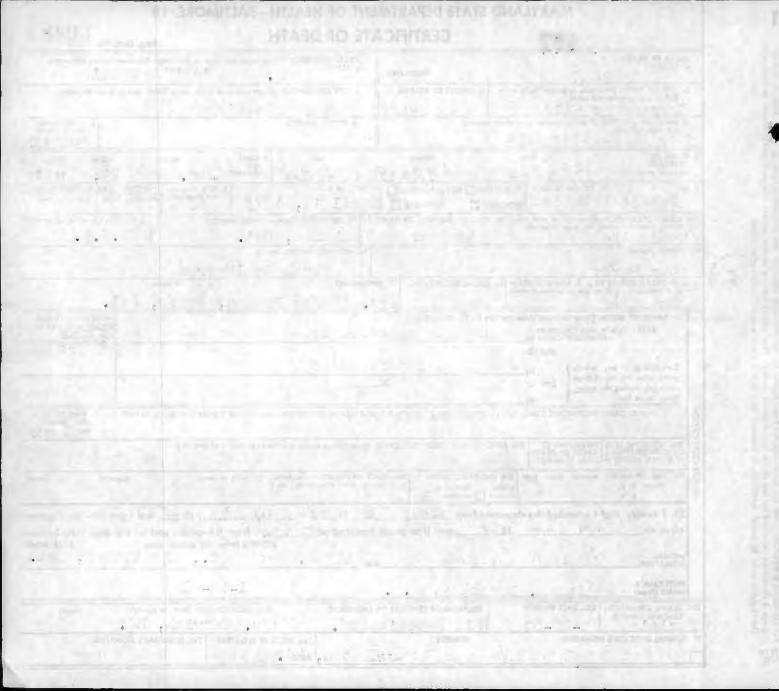
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	enc e-Barg			
	Es 2164 , 1904			
		N.		
(10.00				
1				
	and the same of th			

Elkton John 26'61

Page er death. haurs

15M 9/55



1.	PLACE OF DEATH a. COUNTY	Cecil		MARYLANE	O STATE		ere decease	d lived. If institut b. COUNTY		west	sion)
	b. CITY OR TOWN (IF RURAL and give ne		ts, write	c. LENGTH OF STAY IN 11	c. CITY C	R TOWN (If o	utside carpo	prote limits, write I	RURAL and giv	re nearest tow	n)
	Perry			9 days		Prin	nce F	rederick			
	OR INSTITUTION	AL (If not in hospital, g			d. STREE	ADDRESS			ALLY	ON	FARM?
-	-			on Hospital			L		VIV		hkhown
3.	NAME OF DECEASED	Fir		Middle		ost	4. DATE OF	Moi	nth	Day	Year
	(Type or print)		ACE	(NMI)	B00		DEATH	o entre		13	19 61
5.	SEX	6. COLOR OR RACE	7- MARE	NEVER MARRIED		_		9. AGE (In years lost birthday)		YEAR IF UND	Min.
_	Male	Negro	WIDOW		4-4-9			70 yrs.			
10	o. USUAL OCCUPATIO during most of work Garde	ing life, even if retired		kind of Business or ini Flower garde:		iPLACE (Sinte :		cauntry)		ISA	COUNTRY?
13	FATHER'S NAME					S'S MAIDEN N				27.02	
		Robert :	Brook	cs (deceased) Tin	y Boor	m (d	eceased)			
15	. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17		0	_ (-		dress		
{Y	es, no, or unknown) (If yes, give war or dates of s	ervice)	7 1 1 1 1 2 1 3 0 1		Recor	rds.	VAH. Per	erv Poi	int. M	A .
=	TIR CAUSE OF DEA	TH Feler only one of	use per li	ne far (a), (b), and (c).]	- DPE va.	2.000	Luby	11219 1 01	77 7 72	INTERVAL B	
		TH WAS CAUSED BY:	Bro	nchopneumon	ia. bils	teral.	fol	lowing o	nereti	ONSET AND	hrad d
	101	IMMEDIATE CAUSE (o) 101 (Atomophic amon.	10, 011	roex day	, 101	10,1118	PCI GUI		0 111 0
	1 - 1	DUE TO	/In-	cinoma of the	ha	ab ardd	hh ma	toetoeis	. + .	ann le	n a1700
	Conditions, if or	nmediate				ien wit	on me	LASTABLE		unk.	nown
	couse (a), stating t		abo	dominal lymph	n nodes	á					
_	lying cause last.) (c									
é	PART II. OTH	ER SIGNIFICANT CON	-	CONTRIBUTING TO DEATH 8				SE CONDITION GI	VEN IN PART	PERFO	AUTOPSY DRMED?
S				rteriosclero						YES	NO
CERTIFICATION	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OCCUR	RED. (Enter natur	of injury in F	Part I or Pa	rt It of item 18.)			
SAL	20c. TIME OF INJURY	/ Month, Day, Ye	or 20d. II	NJURY OCCURRED 20e.	PLACE OF INJUR			y or lown)	(Co	unty)	(Stote)
MEDICAL	Hour o.m.	19	While	Not while	factory, street, of	tice bldg., etc.	.)				
2		VA			T	1			37 10/3	d . 70	
				led the deceased fran		-			-		
	220. SIGNATURE	ROCKING ROCK XX	XXXX	XXXXXXX and tha	t death occur	red al 7.15	Waimpm	the causes a	nd on the		b.DATE
	220. SIGNATURE	2,7,	L	taren	M.D. ATTEND	ING ME	ED. RECTOR	STAFF PHYS.		1.	-13-61
	22c. PHYSICIAN'S NAME (Type)	1		1	22d. AD	DRESS					
	6	J. L. G.	REY	Clinical 1	Patholog	ist, V	7. A. H.	ospital,	Perry	Poin	t. Md.
23	a. BURIAL, CREMATIO	N. 23b. DATE THEREC)F	23c. NAME OF CEMETERY				TION (City, town,		(Ste	
100	REMOVAL (Specify)	11-17-6	1	Brown Metl	hodist (hurch	Ca	lvert Co	ounty.	Marvl	and
24	FUNERAY DIRECTORY	SIGNATURE	1461	ADDRESS		-	D BY REGIS		ISTRAR'S SIGN		
	Pinkney I	E. Sewell,	Pri	nce Frederi	ck, Md.	DATE TA	N 1 9 '	61 C	rilway S. 9	traus	

may be rendined by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please emaye carban papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 haurs ofter death. * ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 vent within 72 haurs ofter death. VR A15 (4) 1SM 9/59

the second of th The transfer of the state of th General Dist J. F. Garey THE RESERVE DESIGNATION OF THE STREET, AND THE Programme and the state of the

FOR STATE HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deless essery, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 490 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

The second second			-0/w			
1. PLACE OF DEAT	н		2. USUAL RESIDE	NCE (Whare deceased lived, If b. COUR		edmission)
Ce	cil	MARYLAND	Pa	B. COO!	Chester	V
	(if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporeta limits, writ	a RURAL and give neerest to	wn)
Elk	d give neerest town)	Visiting	Ke nn	ett Square		
d. NAME OF HOSP	PITAL OR INSTITUTION (if not i	in hospital, give street eddress)	d. STREET ADDRESS	\$		RESIDENCE
Contract of the Contract of th	Hospital Hospital		201 Scar		5 A BYES [A FARM?
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	h Dey Yes	r
(Type or print)		alcomb Brown	Te .	DEATH 1	26	L
5. SEX	6. COLOR OR RACE 7. M.	ARRIED NEVER MARRIED	B. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER	
M	A		3-18 -1888	last birthday) yrs.	Months Deys Hours	Min.
	TION (Giva kind of work 1	Ob. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stat	le or foreign country)	12. CITIZEN OF WHAT	COUNTRY?
177 4 1	rorking life, even if retired)		Earland	e, Maryland	USA	
millwright	supe.		14. MOTHER'S MAIDEN		ODA	
	omas Brown			d		
	VER IN U.S. ARMED FORCES?	1 16. SOCIAL SECURITY NO. 1 17.	INFORMANT	lina W. Aiken		
	(Ifyesgivawarordatesofservice)			Address		
			alcolm C. Br	own, Kennett	Square, Pa.	
	DEATH [Enter only one cause	par lina for (a), (b), and (c).]			INTERVAL BE	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	cute Coronary Oc	eliusion		0,100,111,10	567(111
1420	DUE TO					
Conditions, if en						
gave rise to imme	dieta ceuse					
(a), steting the	underlying DUE TO					
cause lest.	(c)	CONTRIBUTING TO DEATH BUT NO	AT BELL YED TO THE TERM	INIAL DIFFACE COMPLETION OF	Chi lai na ar il il 10 alias	ALITONON
PAKI II. OIRI	EK SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OF KEEN TO THE TERM	MANT DISENSE COMPLITOR GIV		DRMED?
5					YES _	NO K
PART II. OTHI	ONTRIBUTING [ESCRIBE HOW INJURY OCCURED.	Enter nature of injury in Pi	art I or Part II of item 18.)		
S 20c. TIME OF INJ	The state of the s			rm, 20f. (City or town)	(County)	(Steta)
20c. TIME OF INJ		While No! While fac	lory, street, office bldg., at	re.)		
	12	remains described above, he	eld an Autopsy .	Inspection . Inqui	ry A and in my o	pinion
death resulted						
400117 (0301160	110	1 100	CHIEF MEDICAL			
ACTUAL	11 V 11 M	1001 1011				
SIGNATURE_	1000		M.D.	DICAL EXAMINER	DATE SIG	INED
EXAMINER'S NAME (Typa)	R.C.Dodsom			AL EXAMINER TO SUM AUTON TO SUM	1-26-61	
	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY O		22d, LOCATION (City, town	, or country) (Ste	(e)
REMOVAL (Specif	Jan. 30, 19	61 Grace Lawn C	meterv	Wilmington,	Delaware	8
23. FUNERAL DIRECTO		ADDRESS &		C'D BY REGISTRAR 24b. REG		
Dina . C.	II . I	ñ	M.			
THUNK FUL	YERAL HENE L	constate idea	DAIAN	3 0 '61 at	at S. Kraud	

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	trans that is the state of the	54 Wrs
	eva Jaferal 192	List Specific Will
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	moder A addition	15/0/15 1 10 5
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	nelsefeet mineret site	
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emilel	emplification of the control of the	Luci 2 50, 3
		SANSON SANSON

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased I vad, If institution; Residence before admission) or your files. B. COUNTY b. COUNTY a. STATE Cecil MARYLAND IOWN (If outside corporate limits, write RURAL and give nearest lown) b. CITY OR TOWN (I outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) for your Board Rising Sun R.F.D. Tising Sun R.F.D.

d. NAME OF HOSPITAL OR INSTITUTION of not in hospital, give street address) MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delete the certificate, writing the word "pending" in bencil in Item 18. Give Pages 1, 2, and 3 to the funeral forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Brand Annal Country of the Country of th 3. NAME OF First M.ddle 4. DATE Month DECEASED OF (Type or print) DEATH Paul Edward 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In years | IF UNDER I YEAR) IF UNDER 24 HRS. last birthday) WIDOWED [DIVORCED yrs. -1.903 10a. USUAL OCCUPATION (Giva kind of work 105, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Natural Gas Co. Chart Changer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Thomas Burkins Alverta Jane Duncan 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. | 17. INFORMANT Addrass (Yas, no, or unkown) | (Ifyasoive war or dates of sarvice) Mrs. Jane Burkins, Rising Sun, Manterval Between 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c),] PART I, DEATH WAS CAUSED BY: Acute Coronary Occlusion IMMEDIATE CAUSE (a) DUE TO Hypertension for some time gave rise to immadiate cause **DUE TO** lease execute the certificate, writing the word "pending should be forwarded to the Chief Medical Examiner". FUNERAL DIRECTOR: Page 3 should be used as ris designated agent, prior to burial, cremation, or n (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY CERTIFICATION 20a, EXTERNAL CALSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20e. PLACE OF INJURY [Homa, farm, 20f. (City or town) factory, street, office bldg., atc.) Whila Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 🕌 Inquiry death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER [ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER TO DEPUTY EXAMINER'S Rising Sun Howy (necounty) R.C.Dodson NAME (Type) 228. BURIAL, CREMATION, 225. DATE THEREON OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Specify) 40 24b. REGISTRAR'S SIGNATURE VS. ATSME d 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Cecil

Months

(County)

1-7-61

a. IS RESIDENCE ON A FARM?

YEST NO

Yaai

195]

12. CITIZEN OF WHAT COUNTRY?

ONSET AND DEATH

PERFORMED? NO

(Stata)

and in my opinion

DATE SIGNED

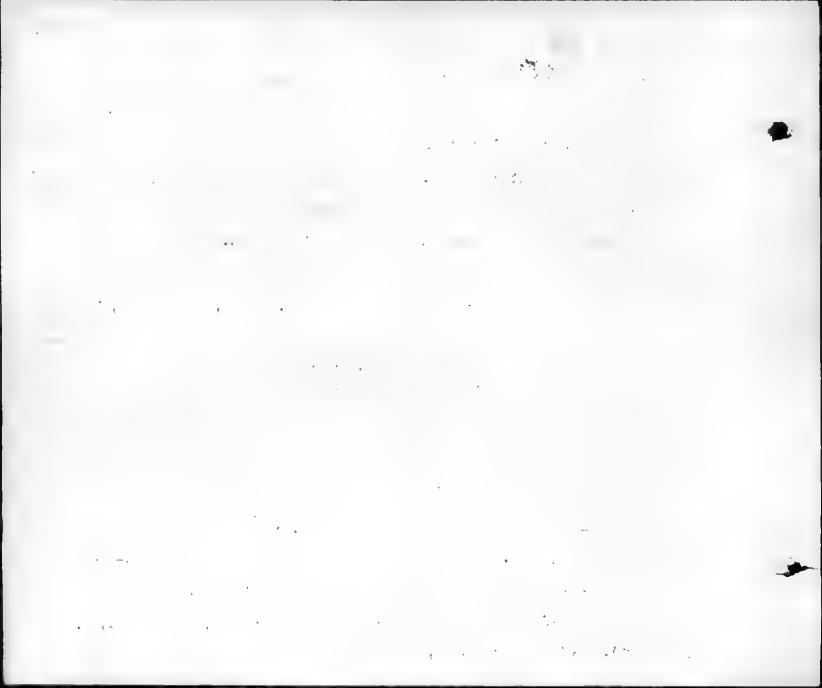
Day

* 2.2 X.

/ M M											Keg, Dist. I	40.	
(IVI)		OF DEATH		a			2. USUAL RI	ESIDENCE (Wh	ere deceased	lived, If institution	n, Residence br	efore odm	issian)
	u. u.	Cecil			Elkton	MARYLAND		Marylan	d	B. COUNTY	Cecil		
	b. CII	Y OR TOWN I	(If autside carparate lim	its, write	c. LENGTH	OF STAY IN 16				ate limíts, write RL	RAL and give i	nearest to	wn)
	, KO	INL one give i	Elkton		12	weeks	X Ch	narlest	own Ma	nor. Cha	rlestow	m	
	d. NA	ME OF HOSPI	ITAL (If not in hospital,	give street				T ADDRESS			. 10000.	e, IS R	ESIDENCE
168	OR	INSTITUTION		of Ce	odil Co	natv	1						A FARM?
3,2	3. NAM			ot ve	<u> </u>	Middle		Lost	4. DATE	Mont		Day	Yeor
	DECE. (Type	ASED or print)				_			OF DEATH	_		10	19 61
	5. SEX		6. COLOR OR RACE	7. MAR	PIED M NEV	G. MARRIED	B. DATE OF B		4	Januar AGE (In years	Y IF UNDER 1 YEA	AR IF UN	
		17-1-	THE	WIDOW		DIVORCED	3/28	2/76		lost birthdoy) R4 yrs.	Months Day	s Hour	s Min
		Male IAL OCCUPATI	ION (Give kind of work								12 CITIZEN	OF WHAT	I COUNTRY?
	duri	ng mast of war	rking life, even if retired)					_	,	- ameer		
	12 EATH	Plun ER'S NAME	uder		<u>ketired</u>	12 yrs	14 HOTHE	Oxfor	d. Pa.		U	SA	
(Y							I . MOTHE	K 3 MAIDEN IN	MME				
	/ Wi	lliam F	Burling					lla Bun	ting				
		DECEASED EV	ER IN U. S. ÄRMED FOR (If yes, give wor or dates of		. SOCIAL SEC	URITY NO.	NFORMANT		· . ·	. Addre	255		
ante	· =	5	*	12	14-20-	5890	Mrs Eli	2a B	rling	Charle	stown	Mary	land
	18.		ATH [Enter only one or	use per l	ine far (a), (b), ond (c)]					111	NTERVAL	BETWEEN ID DEATH
		PART I. DE.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	Car	die disc	aular f	ailure	* *				min
		49	DUE TO)	Thumb	otic occ	lusion	at Cor	onarv	Arterv			
		nditions, if o		1		al effus							
		ve rise ta i se (a), stating			Bronc	hael/,bi	lateral						
		ng couse last.		:]		iosclero			ease				
	Z	PART IS OT	THER SIGNIFICANT CON	IDITIONS	CONTRIBUTIN	NG TO DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE	CONDITION GIVE	N IN PART 1(o	19. WA	S AUTOPSY FORMED?
	CATION] NO [
	<u>u</u> 20a	ACCIDENT W	AS UNDERLYING A	20b. DES	SCRIBE HOW	INJURY OCCURRE	D. (Enter natur	e af injury in F	ort I or Port	II af item 1B }			
*		THER, NOTIFY	Y MEDICAL EXAMINER)	1									
	WEDICAL 20c	TIME OF INJU	RY Manth, Doy, Ye	or 20d.	INJURY OCCU	RRED 20e. PL	ACE OF INJUR	Y (Hame form	20f (City	or tawn)	(Count	ly)	(Stote)
	AEDI	Hour a.m.	19	While	Not w		clary, street, at	ffice bldg., etc.	1				
			hat I attended the	- /		/	10	50 hr	1 12	, 19 6<u>1</u> , i	h = 1 1 1 = .1		1
		•	and I differ ded in	uegea	1 1								
	alth	e an	A VO	-/77	a Resident	nd that death	accurred			he causes and			ed abave Ate signed
	ACT	UAL MATURE	1/11/11	11 V.	US	0			TODRESS (SIII	oci, city of Idwil, :		l - 196	
	SIGN	IATURE	mus !				M.D.		v ,		1-14	1-TA0	T .
		SICIANS	Dr.Luis M	C1172				NT					
		AE (Type)				· · · · · · · · · · · · · · · · · · ·				laryland_			
	ZZO. BUR	IAL, CREMATION	ON, 22b. DATE THERE		22c. NAMI	OF CEMPTERY C				ON (City, tawn, a	**		tote]
2				エムロゴ			Cemes		Oxfor	d, Chest	er Co.,	rea.	
	23. V UNI	RAL DIRECTOR	A CRAM	Non	ADDRE		a and	24d, REC'!	N 1 7 6	AR 24b. REGIS	TRAR'S SIGNA	JUKE	
	///	SEUN	MIAHE	NOI.	ui Hasi	t. Marvia	ATICI.	DATE	124				

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs parter death. Page 4 by the haspital an attending physician.

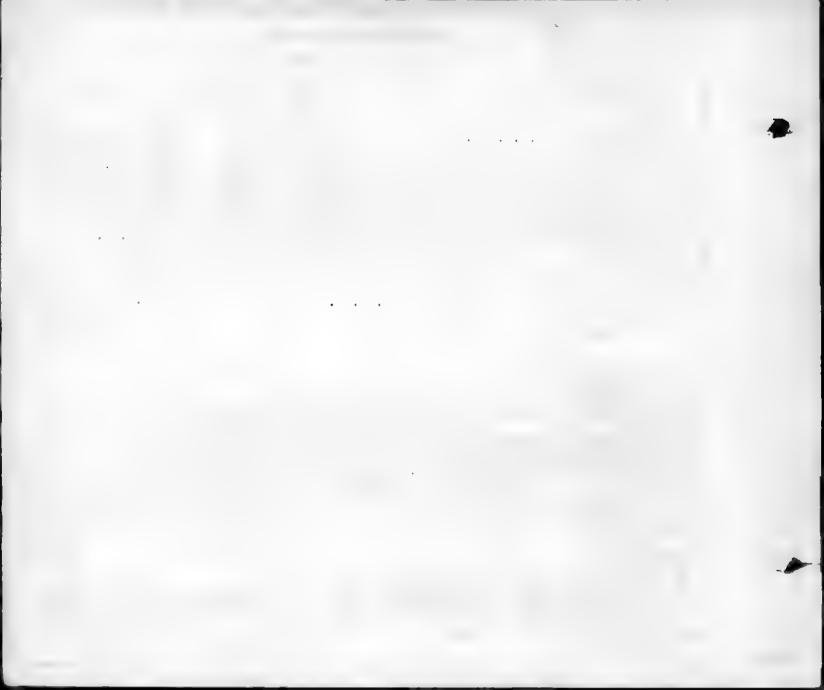
TO HOSPITAL VII A 15M 9/5B



the death



1		MARYLA	ND STATE DEPARTM	ENT OF HEALTH—BAL	FIMORE, 18	
		493	CERTIFICA	ATE OF DEATH	Reg. Dist.	No. 6049
director filed with	Ī.	PLACE OF DEATH COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE Naryland	b. COUNTY GOOD	before admission)
funeral auld be f		c. CITY OR TOWN (If outside corporate limits, we RURAL and give, negrest town) Bainbriage	7 hrs 22min	e. CITY OR TOWN (If outside corpo		rt Deposi
05/		d. NAME OF HOSPITAL (IF not in hospitol. give of Institution Station Hospital, U.S.	N . T . C .	d. STREET ADDRESS 5-B [/Kpx/dyd/i/c/p/]	Barton Road e/xi4/an/y/	e. IS RESIDENCE ON A FARM? YES NO
illed in	3.	NAME OF First DECEASED Jessie		oleman III 4. DATE OF DEATH	January	Pay Year 1 19
pletely fill.	5.	Male Caucasian w	DOWED DIVORCED	B. DATE OF BIRTH January 12, 1961	lost birthdoy) Months Do	EAR IF UNDER 24 HRS
nd campli an papers death.	L	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Not applicable	106. KIND OF BUSINESS OR INDU NA	Maryl and	ountry) 12. CITIZE	S.
sician o	L	FATHER'S NAMÉ Jessie Verlon Coleman		14. MOTHER'S MAIDEN NAME Jimmie Lou Ta	*	
ing physic e remave i 72 haurs		WAS DECEASED EVER IN U. S. ARMED FORCES! , no, or unknown) If yes, give war or dates of services		NFORMANT J. V. Coleman, 5	B Barton Rd., F	PortDeposit
by the attend it. Then plear by event within		18. CAUSE OF DEATH [Enter only one cause PART I. DEATH WAS CAUSED BY: MMMEDIATE CAUSE (o) DUE TO Conditions, if only, which }	per line for (a), (b), and (c).] Prematurity			INTERVAL BETWEEN ONSET AND OFATH TIPS 28 II
sian. en signed b insit permit. and in any		gove rise to immediate costs (a), stating the under- lying couse lost.				
ng physici e has bee burial-trar remaval, c	CERTIFICATION			NOT RELATED TO THE TERMINAL DISEAS		19. WAS AUTOPSY PERFORMED? YES NO.
thending thicate s the bu		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		D (Enter nature of injury in Parl I or Parl	<u> </u>	
tol ar a this cer or use a rematia	MEDICAL	Hour o.m. 19 0	While Not while fo	ACE OF INJURY IHome, farm, ctory, street, office bidg., etc.)		
n 3 by the haspi DIRECTOR: After d be delached for priar to burial, c		21. I certify that I attended the de alive an January 12 ACTUAL SIGNATURE		occurred at 5:50 P.M. from		
AL AL I		PHYSICIAN'S Norman Berger	O	Station Hospital		idge Md 1/1
o FUNER page 3 s the regist	Z	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	West Not	TINGham (ION (City, town, or county) O O F Q	12nd.
S A15 (4) SM 9/55	23	FÜNERAL DIRECTOR'S SIGNATURE ECA. Falto (2001)	Son Perry Vit	24a. REC'D BY REGIST DATE JAN 1 6 '6	RAR 24b. REGISTRAR'S SIGNA 1 G. What S. H	
		* * * * * * * * * * * * * * * * * * * *	/ /		,	





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 49 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) rector, Page r your files. e. COUNTY b. COUNTY Cecil Cecil MARYLAND b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write AHRALIST DING POOTEST TOWN O VE Liberty Grove d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) State First 3. NAME OF Midd.e 4. DATE DECEASED OF the Dubree Lewis DEATH (Type or print) William 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In yours | IF UNDER 1 YEAR) last bythday] Months | Days WIDOWED IX 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Tenant Farmer Farm er 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Office along with form PM3, burial-transit permit, File page Ellen Singleton William Lewis Dubree 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (Ifyasgivewarordatasofservice) Mrs. Jam es C. Williams. Liberty Gro 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH Leute Coronary Occlusion PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO removel. Hed had cardiac condition for several years Conditions, if any, which (6) "pending" geve rise to immediate cause **DUE TO** (e), stelling the underlying should be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19. WAS AUTOPSY CERTIFICATION ease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremati 200, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I, of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, ' 20f. (City or town) fectory, street, office bldg., etc.) Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection K Inquiry K and in my opinion death resulted from: Natural causes | Accident | Suicide | Homicide | Undetermined manner ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S R.C.Dodson NAME (Type) please 4 should O FUN or its d 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 228. BURJAL, CREMATION, 226. DATE THEREOF Darlington Darlington, Md. ADDRESS 24e. REC'D BY REGISTRAR! 24b. REGISTRAR'S SIGNATURE DATE JAN 4 **V5. A15ME** arthur & Kings Perryville, Md. 5M 7/59

a. IS RESIDENCE ON A FARM2 YES NO

IF UNDER 24 HRS.

Md.

PERFORMED?

NO

(State)

DATE SIGNED



TO HOSPITAL CANTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be remained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fulled in by a funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the Stale Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death

05

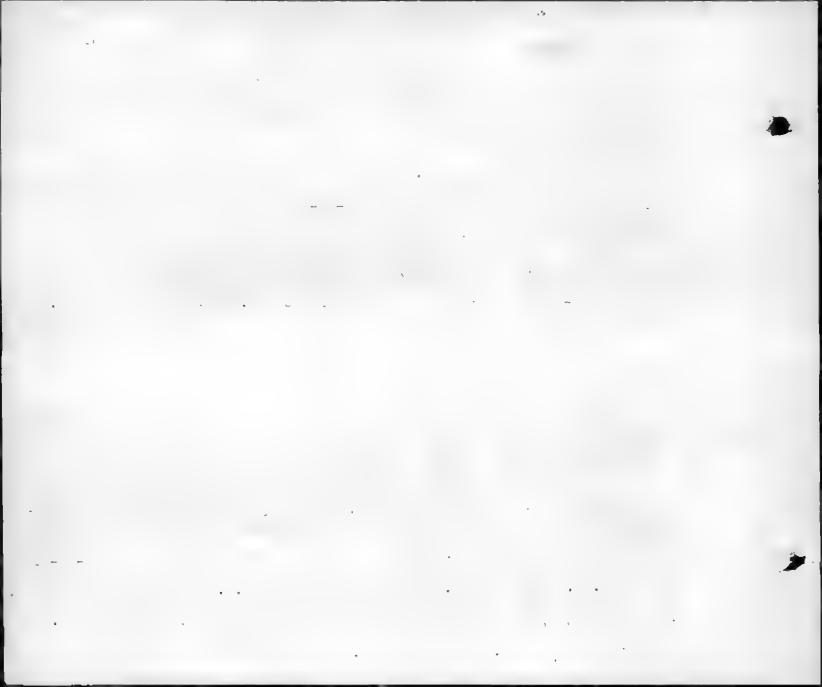
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

COAGS

	207		CERTIFIC	AT	E OF DEATH			6.05	(J ()
PLACE OF DEATH	101			TI	2 USUAL RESIDENCE (Who	ere deceased liver	If institution Reside	nce before or	dmission)
a. COUNTY	Cecil		MARYLA	11	o. STATE Mary		. COUNTY _Ke		11
b. CITY OR TOW	N (If outside corporate lim	ils, write	c LENGTH OF STAY IN	1ь	c. CITY OR TOWN (If or	utside corporate (in	nits, write RURAL and	give negrest	fown)
Perry	Point		5 days		× Warwi	Lck			
d. NAME OF HO OR INSTITUTION	ISPITAL (If not in hospital, ç DN	give street o	oddress)		d. STREET ADDRESS			e. IS	RESIDENCE
	s Administr	ation	Hospital				<u> </u>		S NO 🗗
NAME OF DECEASED	Fil	rst	Middle		Lost	4. DATE OF	Month	Doy	Year
(Type or print)	WIL	LIAM	S.		FORBES		January	26	1961
SEX	6. COLOR OR RACE	7. MARR	IEO NEVER MARRIED	B.	DATE OF BIRTH	9. AG	E (in years IF UNDE		INDER 24 HRS
Male	White	WIDOWE	_		5-31-88		72 yrs. Months	Days Ho	ours Min.
Oa USUAL OCCUP	ATION (Give kind of work working life, even if retired	dane 10b.	KIND OF BUSINESS OR I	NDUST	RY 11. BIRTHPLACE (State	or foreign country)	12 CI	TIZEN OF WH	IAT COUNTRY
Farm	-	'	Farming		Maryland			USA	
3. FATHER'S NAME					14. MOTHER'S MAIDEN N			0 10==	
	David For	mho-	(40000000)		Manus Ton	/ 2	(6		
E WAS DECEASED	EVER IN U. S. ARMED FOR		(deceased)	12 INE	Mary Jor	ies (dec	eased) Address		
(Yes, no, or unknown)	(If yes, give war or dates of i	MENTER)	SOCIAL SECURIT NO.) / , tivi	OKMAN				
Yes	WW-I		None	Ho	spital Recor	ds, VAH	Perry P	oint	Md.
18. CAUSE OF	DEATH [Enter only one co	ouse per lin	ne for (a), (b), and (c).]					INTERVA	AL BETWEEN
PART I	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	. An:	ricular fib	ril	latiton			Z	days
11									- x - x 3 - D -
4	14 A				1			_	
	if any, which) (to immediate (reriosciero	TLC	heart dise	ase			years
cause (o), stat	ing the under- DUE TO	>							
lying cause le		100							
PART II. 20d. ACCIDENT OR CONTRIBUT (IF EITHER, NO	OTHER SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO DEATH	BUTN	OT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN IN PA	P	VAS AUTOPSY ERFORMED? S T NO []
20g ACCIDENT	WAS UNDERLYING	20h DESC	TRIBE MOW INTURY OCC	IPPED	(Enter nature of injury in F	Part Lor Port II of	tem IR1	16.	3-E] NO L
OR CONTRIBUT	ING CAUSE OF DEATH	200. DESC	CWDE HOM HAJOKI OCC	JARED.	(cine) notice of injury in t	dir i di reni ii di	1011		
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·						
20c. TIME OF IN Hour a.		ar 20d, It	NJURY OCCURRED 20	e. PLAC facto	E OF INJURY (Hame, farm ry, street, office bldg., etc.	, 20f. (City or to	vn)	(Caunty)	(State
¥ p.	m. VA 19		k at work						
21 I contify	that 000Y9K9K9K9K9K9G	Cattend	led the deceased fr	100 4	January 2119	il to Jay	111 amy 260	61 vikinis	f Hr-tranar has
		-			ath accurred 6:20		_		
22a. SIGNATUR		<u> </u>	MANAGE TO	at ae	ain accurred to 121	ADMITTON THE C	auses and an ir	ie date sto	22b, DATE
220. SIGNATOR	61				ATTENDING ME	ED STA	FF _		SIGNE
20 0 0 0 0 0 0 0	Chi Li Y	17	only	M		RECTOR L PH	rs. be	1-	-27-61
22c. PHYSICIAN NAME (Typ	ne)		0		22d. ADDRESS				
	A. L. MOOI	VEY_	Asst. Clinic	al	Pathologist	. V.A.H	spital.P	erry E	cint.
3a. BURIAL, CREMA		OF.	23c NAME OF CEMETE	RY OR			City, fown, or county		(State)
Burial (Spe	Jan. 30, 19	61	Millington			Millingt	on, Kent (lo:	Md.
4, FUNERAL DIRECT			ADDRESS			D BY REGISTRAR	25b REGISTRAR'S		2240
	S FUNERAL H	OME		3.6		M 3 0 '61	CL #		
	THE STREET STREET	LIFE CLO	17	. IVI	DATE WE	THE U LEWIS	[[[[]]] m	L day	

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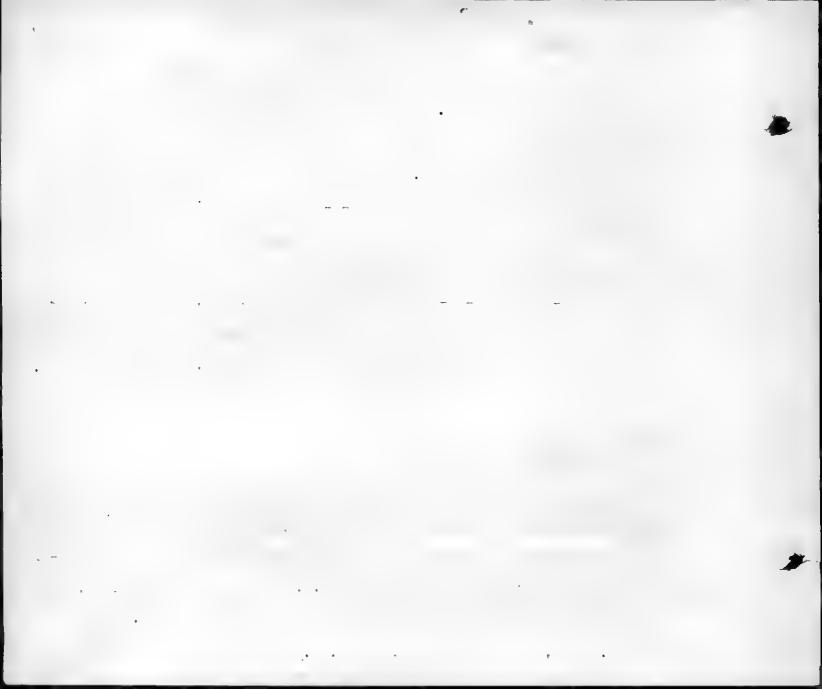
	1. PLACE OF DEATH					2. USUAL RESIDENCE	(Where decease			ce before	e admissi	ion)
	o. COUNTY	Cecil		MARY	LAND	o. STATE Mar	yland	b. COUNTY				
1	b. CITY OR TOWN (I RURAL and give no	f outside corporate limi	ls, write	c LENGTH OF STAY	IN 1b	c CITY OR TOWN	(If outside corpo	prote limits, write R	URAL ond	give neor	rest town)
1	Perr	Point		2 mo: 1 d	av	Bal	timore	1	SV	C	district in	* 4
£		AL (If not in hospital, g	ive street	oddress)		d. STREET ADDRES	SG/CNING	R		e	IS RES	FARM?
Ų.į	Veterans A	lministrat	ion l	Hospital			Glenma					NO 🔂
	3. NAME OF	Fir		Middle		Lost	4. DATE	Mor	1th	Day	, 1	Yeor
	(Type or print)	JOS	EPH	J.		GANGI	OF DEATH	Janu	ary	31	I	1961
	5 SEX	6. COLOR OR RACE	7. MARR	IED TO NEVER MARRIE	D B.	DATE OF BIRTH		9. AGE (in years lost birthday)				
	Male	White	WIDOWE	D DIVORCE		1-6-20		41 yes.	Months	Doys	Hours	Min.
	100 USUAL OCCUPATION	ON (Give kind of work a	Jone 10b.	KIND OF BUSINESS O	R INDUST	RY 11. BIRTHPLACE (S	State or foreign o	country)	12.CITI	ZENOF	WHATC	OUNTRY?
	Brickla			Contractin	ı.a.	Massa	chusett	8	ī	USA		
	13. FATHER'S NAME				-	14. MOTHER'S MAID						
1	Sal	lvator Gan	αi			Rose Ra	рра.					
1	15. WAS DECEASED EVE		CES? 16.	SOCIAL SECURITY NO	. 17, INF	DRMANT		Add	ress			
	Yes	WW-II		17-09-3308	Ho	spital Red	cords,	VAH, Per	ry Po	int	, Mo	1.
		ATH [Enter only one co	use per lir	ne for (o), (b), and (c).]					INTE	RVAL BE	TWEEN
	PART 1, DEA	TH WAS CAUSED BY:	, C	ongestive	hear	rt failure	e & bro	nchopneu	monia	UNS	T da	JEAIN NY S
	4-200	DUE TO										
	Conditions, if o	nv. which)	. 0	oronary th	hrom	osis with	nwoda:	rdial in	farct	ion	2	mo.
	gove rise to i	mmediate (DUE TO						_ (, 2, 0, 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	_ 01 00	701	-	MV S
	lying couse lost.	the under-	A	rterioscl	erot:	ic heart d	lisease					
	PART II, OTI	HER SIGNIFICANT CON		ONTRIBUTING TO DEA	ATH BUT N	OT RELATED TO THE T	ERMINAL DISEAS	SE CONDITION GI	VEN IN PAR	Y 1(o) 15	9 WAS	AUTOPSY
	PART II. OTI											RMED?
	20a. ACCIDENT W	AS UNDERLYING	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter noture of injury	y in Port I or Po	rt II of item 18 }				
)	(IF EITHER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)										
710	30c. TIME OF INJUR	Y Month Doy, Ye	ar 20d. II	NJURY OCCURRED		E OF INJURY (Home,		y or town)	((County)		(Stote)
	Y 20c. TIME OF INJUS	VA 19	While of wor	Not while	tocie	ory, street, office bldg.	., erc.)					
		NET THE RESERVEN	Lattenc	led the decensed	from N	ovember 3	01960 HaI	anuary 2	51 19 (61xw	OX M XC	ICACINIAE!
		ced active xcoocxx	•			-					- , ,	
	22o. SIGNATURE				mar de	dill decorred and	. E GE GITTE WITTE	THE COURSE OF	io on m	3 4410	221	b. DATE
	Ci	· L. M	177	ney	м	D PHYS	MED DIRECTOR	STAFF PHYS 🛣			2-1	SIGNED
	22c. PHYSICIAN'S NAME (Type)			1		22d. ADDRESS						
	NAME (Type)	A. L. MOO	NEY	Asst. Yath	ologi	st, V.A.H	Hospita.	l Perry	Point	Mo	d.	
	23g SURIAL, CREMATIC	N. 23b. DATE THEREC)F	23c. NAME OF CEMI	ETERY OR			TION (City, town,			(Stot	(e)
	REMOVAL (Specify)	2-4-	196	Garde	n Fa	ith	Bal	timore,	Md.			
	24. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		250	REC'D BY REGIS	TRAR 25b REG	STRAR'S SI	GNATUR	₹E	
	Leonard J	Ruck. 5	305	Harford Ro	dB:	Lto. Md DATE	FFR 6	161	Tithur .	8. Tou	nd/All	

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSTITAL CONTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs and death. Page 4 may be revained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by forneral director, page 3 shauld be detached for use as the burial-transit permit. Then please remain pages. Pages 1 and 2 shauld be filed with the state Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59

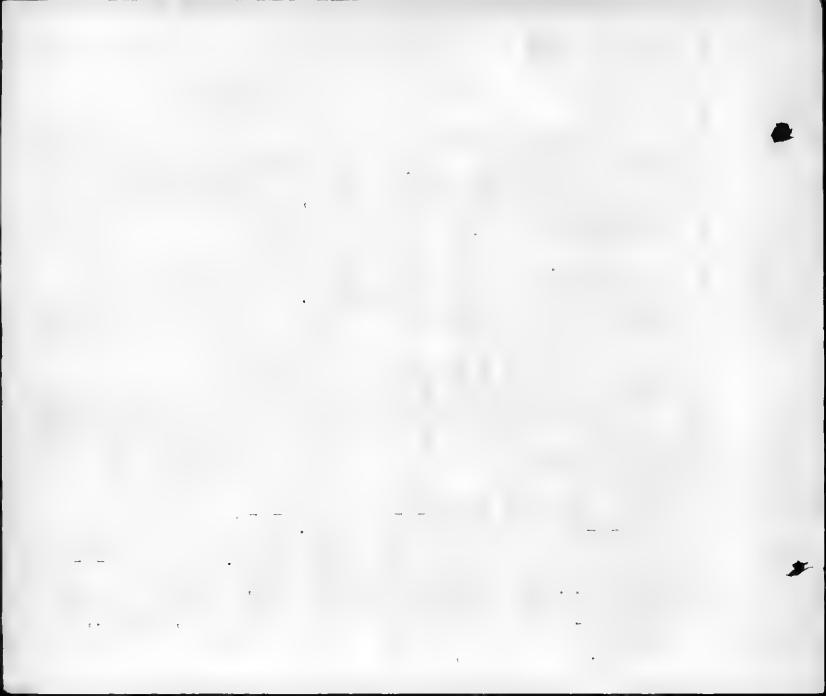


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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

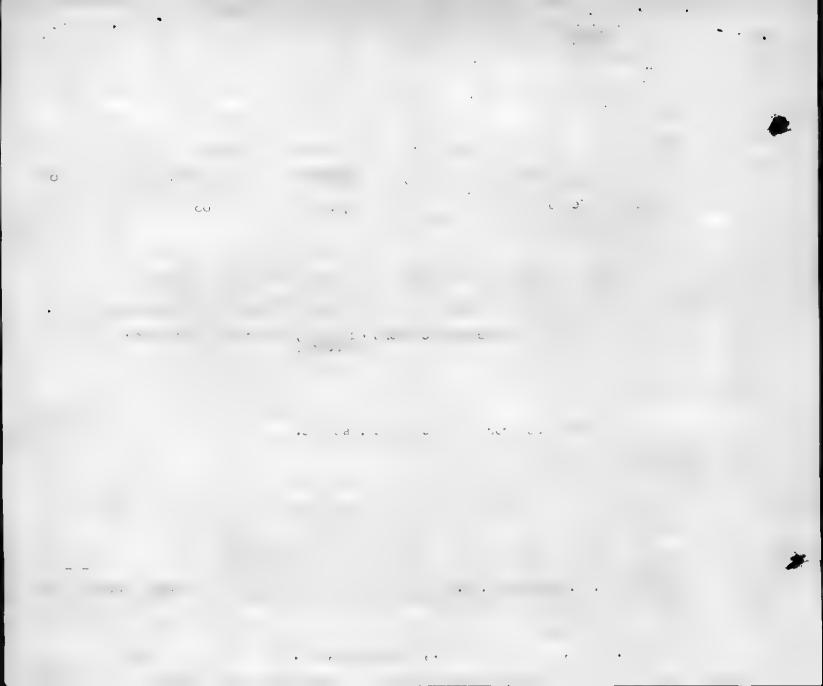
	205		CERTIF	ICA	TE OF D	EATH	1		Reg. I	Dist. No	. (1)	745
a. COUNTY	Ceci1	,	MARYLA	IND	2. USUAL RESID a. STATE		y 1 and	d lived. If instituti b. COUNTY		ceci		sion)
b. CITY OR TOW RURAL and give	N (If outside corporate lime calvert	its, write	e LENGTH OF STAY IN 9 months		CITY OR T	OWN (If o	_	role limits, write F th Bast	URAL on	d give ne	grest tow	n)
d NAME OF HO OR INSTITUTION	SPITAL (If not in hospite), son Graybea.		oddress) Sing Home		d STREET AI	DDRESS					ON A	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	Fi B	rst LLA	Middle M.	· · · · · · · · ·	GILBERT		4. DATE OF DEATH	Mor 1	nth	0c 1 ,	5	Year 19 61
5. SEX Female	6. COLOR OR RACE White	7. MARI	RIED NEVER MARRIED ED DIVORCED		July		78	9. AGE (In years lashbythday) 2 yrs.	Months		Hours	ER 24 HRS Min.
10a USUAL OCCUP during most of HOUS	ATION (Give kind of work working life, even if retired EKECPING	done 10b.	KIND OF BUSINESS OR	INDUS'		Mary 1	-	ounlry)	12. (US		TCOUNTR
	William W.Gi				14. MOTHER'S		ca Jac	ckson				
15, WAS DECEASED (Yes, no or unknown) NO	EVER IN U. S. ARMED FOR (If yes, give war or doles of	(CES? 16.	SOCIAL SECURITY NO TONE		formant harles	L.Gil	bert	North 1		Mar	y1an	d
Conditions, gove rise to couse (a), stot lying cause le)	Acute Coro				year	\$		ON	SET AND	DEATH
ICATIO	OTHER SIGNIFICANT CON WAS UNDERLYING ING CAUSE OF DEATH		CRIBE HOW INJURY OCC						VEN IN PA	ART 1(a) 1		ORMED?
20c. TIME OF IN Hour o.	TIFY MEDICAL EXAMINER) JURY Month, Doy, Ye m. 19	While of wor	k of work	foci	CE OF INJURY (Fory, street, office	bldg., etc.)			(County)		(Stole
21. I certify alive an ACTUAL SIGNATURE	that I attended the		ed fram 12-15 and that d	eath	occurred at_	ا كباما	AM, from	n the causes of treet, city or town,	and on	the do	te stat	ed abov
PHYSICIAN'S NAME (Type)	R.C.Dods				Ri	sing		Maryland				
220. BURIAL CREMA REMOVAL (Spe- BUTIAL	1-18-196		22c. NAME OF CEMETE Meti					TION (City, town, th East,			(Stot	
23. FUNERAL DIRECT	on's signature	orth	East, Maryla	and		24a. REC'I DATE	JAN 1	RAR 24b. REGI	STRAR'S	SIGNATU	RE Erous	



files, EXAMINER: This certificate should be executed within 24 hours after death. If any delast, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funere, of the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to RR. Page 3 should be used as a burial-transit permit, File pages 1 and 2 with the State By when to burial, Remaison, or removal, and in any event Within 72 hours after death. ease execute the certificate, writing the word "pending should be forwarded to the Chief Medical Examiner' FUNERAL DIRECTOR: Page 3 should be used as its designated egent, prior to burial, demaiton, or n DEPUTY ₽40 p VS. AISME 5M 7/59

CENTIFICATION

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMÓRE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If institution, Residence before edmission) e. COUNTY a. STATE **b.** COUNTY Cecil Delaware MARYLAND b. CITY OR TOWN (if oulside corporele limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town) Perry Point 2 days Wilmington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? Veterans Administration Hospital East YES NO TO 3. NAME OF 4. DATE Month DECEASED OF TRATAN (Type or print) (IMK) GORDON DEATH January 19 m 5 SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In years LIF UNDER I YEAR IF UNDER 24 HRS. last burthday) Months WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of warking life, even if retired) Farmer Farming Delaware USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Andrew Gordon deceased: Sadie Jones deceased S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unkown) ((If yes give war or dates of service) Hospital Records, VAH, Perry Point, Md. unknown 18. CAUSE OF DEATH [Enter only one cause per une for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral accident due to hypertensive cardiovascular IMMEDIATE CAUSE (a) disease. **DUE TO** Conditions, if any, which (b). geve risa lo immediale cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? Arteriosclerosis, generalized, severe. NO 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part 1 or Part II of item 18.1 PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While el work at work 21. I certify that I took charge of the remains described above, held an Autopsy K., Inspection K., Inquiry X and in my opinion Natural causes X Accident . Suicide . Undetermined manner Homicide | CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 4 EXAMINER'S C. DODSON, M. D. Address (Street, city, town, or county) Rising Sun. Maryland NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) Mt. Zion Cemetery Wilmington, Delaware 240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR Edward R. Bell, 909 Poplar St. Wilmington . DelyJAN 6 arthur & Kraus



1. PLACE OF DEATH o. COUNTY

5. SEX

13. FATHER'S NAME

10a USUAL OCCUPATION

15 WAS DECEASED EVER no CAUSE OF DEATH PART I. DEATH

CERTIFICATION

on papers. event within 72 hours after in any the registrar priar to burial, cremotian, ar removal, and

	MARYL	AND	STATE DEPA	RTME	NT OF HEALTH	I-BAL	TIMORE, 1	8		
	501	-	CERTI	FICA	TE OF DEATH	1		Reg. Dist.	No. () (1499
PLACE OF DEATH o. COUNTY Cecil			MARY	li li	2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. STATE Maryland b. COUNTY Cecil					
b. CITY OR TOWN (I RURAL and give no	lf outside carporate limit	is, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) North East					
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Union Hospital					d. Street address o. Is residence on a farm? yes \cong no \frac{1}{2}					
NAME OF DECEASED (Type or print)	fin Sa r		Middle C.	Ha	milton	4. DATE OF DEATH	Jan:	h uary	Ω	Yeor 19 61
SEX Female	6. COLOR OR RACE White	7. MARRI WIDOWE	ED NEVER MARRIE D DIVORCEI	Transport 1	DATE OF BIRTH Sept. 20, 19	00	9. AGE (In years last birthday) yrs.		YEAR IF UND	ER 24 HRS. Min.
USUAL OCCUPATION (Give kind at work done 10b. KIND OF BUSINESS OR IN during most of working life, even if retired) HOUSEWIFE					RY 11 BIRTHPLACE (Stole Maryland	ar fareign (ountry)	12. CITIZE	A OF WHAT	COUNTRY?
FATHER'S NAME HILLS ISABC					14. MOTHER'S MAIDEN NAME Mary Tasker					
	R IN U. S. ARMED FOR		none		ormant ohn H.Hamilt	on Sr.	Addr North B		ar y land	1
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a). ### Press : A									INTERVAL BETWEEN ONSET AND DEATH ZACYS	
conditions, if any, which) Bilateral obstruction of wreters									7 days	
gove rise to immediate couse (a), stating the under- typing couse last. OUE TO Carcinoma of lervix uteri with unitartesis									8 worths	
PART II OTH	HER SIGNIFICANT CON	DITIONS <u>C</u>	ONTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART I		DRMED?
200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	COURRED.	(Enter nature of injury in f	Part 1 ar Pa	t II of item 18)			
20c. TIME OF INJUR	Y Month, Day, Yea	r 20d. IN	JURY OCCURRED	20e. PLAC	E OF INJURY (Home, farm	, 20f. [Cir	y or lown)	iCav	nty)	(State)

20c. TIME OF INJURY factory, street, office bldg., etc.) Hour o.m. While Not while of work | of work

60 1962...that I last saw the deceased 21. I certify that I attended the deceased from alive an_ and that death occurred at

7:45/1.M. from the causes and an the date stated above. ADDRESS (Street, city or town/state) DATE SIGNED ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

BURIAL CREMATION, 276 DATE THEREOF REMOVAL (Specify)
BUTIAL 1-11-196 22c. NAME OF CEMETERY OR CREMATORY 1-11-1961 Methodist 23. FUNERAL DIRECTOR'S SIGNATIFRE

ADDRESS

North East, Mecil Co., 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

22d. LOCATION (City, tawn, or county)

(Stole)

Md

DATE JAN 1 2 '61

VS A15 (4) 15M 9/55



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 5 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE [Where deceesed lived, if institution, Res dence before admiss on] vour files. e. COUNTY a. STATE **b.** COUNTY Cecil MERYLAND Cecil b. CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) and 3 to the funera Trector write RURAL and give naerasi town) Rising Sun. R.D. Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, g ve street eddress) a. IS RESIDENCE ON A FARM? may be retained 2 with the State I YES 🙀 NO death. 3. NAME OF First 4. DATE Month Dev Yaar DECERSED OF (Type or print) DEATH David 19 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX 9. AGE (In years (IF UNDER 1 YEAR) IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months WIDOWED TO DIVORCED 80 DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after lease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, an should be forwarded to the Chief Medical Examiner's Office along with form PMCTPage 5 in FUNERAL DIRECTOR: Page 3 should be used as a burish-trensit permit, file pages I and 2 is designated agent, prior to burial, cremation, or removal, and in any event within 2 hours. yrs. 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) .Harvey Co. Retired Salesman U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Stephan J. Hanna Elizabeth Johnson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | [If yes give war or detes of service Cerl Hanna Rising Sun, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Coronary Occlusion IMMEDIATE CAUSE (e) **DUE TO** Conditions, if eny, which geva rise to immediata causa DUE TO (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO F 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED , 20e. PLACE OF INJURY [Home, ferm, 1 20f., (City or town)] (County) (State) fectory, street, office bidg., atc.) While Not While at work al work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection [3]. Inquiry by and in my opinion death resulted from Natural causes (x) Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER EXAMINER'S R.C.Dodson ARCIGISTSTAR, SALEMIN, MERLY) NAME [Type] 72c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22d. LOCATION (City, lown, or country) REMOVAL (Specify) 40 23. FUNERAL DIRECTOR 248. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME SM 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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	503		CERTIFICA	TIE OI DI	-/			- 0 0	003
1. PLACE OF DEATH	000			2, USUAL RESID	ENCE (Wh	ere deceased		n: Residence	befare admission)
a. COUNTY			MARYLAND	a. STATE	land		b. COUNTY	1	
	N (if autside carparate limits e nearest town)	s, write c. LENC	GTH OF STAY IN 16	c. CITY OR T	OWN (If o		ite limits, write RU		re nearest town)
Port D			fe		_Depc	eit			T
OR INSTITUTIO	SPITAL (If not in hospito), gi	ve street oddres)		d. STREET AT	DDRESS M-	ain	st		e. IS RESIDEN ON A FAR YES NO
3. NAME OF	Firs	1	Middle	Last		4. DATE	Mani	h	Day Year
(Type or print)	Edwal		P.	Hasson	1	OF DEATH	January	r	30 196
S. SEX	6. COLOR OR RACE	7 MARRIED T	NEVER MARRIED	8. DATE OF BIRTH	I	9			YEAR IF UNDER 24
Male	White	WIDOWED 🗌	DIVORCED	April 18	3, 188	31	last birthday) 79 yrs.	Monins D	ays Hours A
10a USUAL OCCUPA during most of v	ATION (Give kind of work dwarking life, even if retired)	one 10b. KIND OI	F BUSINESS OR IND	USTRY 11 BIRTHPL	ACE (Stole	or foreign cou	intry)	12. CITIZE	EN OF WHAT COUN
	Engineer	Scho	ol	Maryl				US	A
13. FATHER'S NAME	**			14 MOTHER'S					
Abraham	Hasson			ELIZE	petn	Kelly			
15. WAS DECEASED (Yes, no, or unknown)	EVER IN U.S. ARMED FORC	leaun		INFORMANT			Addr		
No	for hear flore on charge on year	219-1	8-9505M	ary Ellen	Hasso	on, Por	t Depos	it, Ma	ryland
18. CAUSE OF	DEATH Enter only one cou								INTERVAL BETWE
PART 1. I	DEATH WAS CAUSED BY:	Com	1 / 2 2 - 1	Vascolo.		Oc.	Out		22 AVS
.,,	IMMEDIATE CAUSE (a)	UEFF	CATO -A	TOR COLL			1		/ = ///
41	DUE TO	Pen	O Cond	01-					10 /200
Canditions, i	I IDI	///	000-4	./8 =					7-3
couse (a), stati	ng the under- DUE TO	Some	Seneralized Autinosoliosis						10 9
PART II.	OTHER SIGNIFICANT COND	OITIONS CONTRIB	UTING TO DEATH BU	JT NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	1(0) 19 WAS AUTO PERFORME YES NO
(IF EITHER, NOT	WAS UNDERLYING AND CAUSE OF DEATH IFY MEDICAL EXAMINER)	206. DESCRIBE HO	OW INJURY OCCUR	RED. (Enter nature at	finjury in I	Part I or Part	II of item 18.)		
20c TIME OF IN Hour o. p.	m. 10	While No		PLACE OF INJURY (I foctory, street, office			ar town)	(Co	unty) (
21 certify	that (I) (this haspital)	attended the	deceased fram	105 5	19	51.10/	-30	196./	, that (I) (we)
	eased alive on		G, and that				he causes an		
22a SIGNATUR		2			-				22b DA
16/1	11.	225.	1	M D. PHYS		RECTOR [STAFF PHYS		1/31/8
22c. PHYSICIAN	'S		J	22d. ADDRE					
NAME (Typ	H. Richards.	Jr.		Por	rt Dej	posit,	Marylan	<u>a</u>	
230 BURIAL, CREMA		F 23c N	AME OF CEMETERY	OR CREMATORY		23d. LOCATI	ON (City, tawn, o	r county)	(State)
REMOVAL (Spec	Feb. 2.	1961 As	bury Ceme	tery		Port 1	Deposit.	RD. M	aryland
24 AUDIERAL DIRECT			DDRESS		25a. REC*	D BY REGISTR		TRAR'S SIGN	
100/0.19	Morand.	& rel	m	252	DATE	FEB 2	'61	arthur .	S. Kraus
LU WIVE	10000000	1000	PerryVille	e Md.	DAIL				

may be rehained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this c≡thricote has bee≡ signed by the attending p≡ysician and campietely filled in by ■ funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Baard of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death. death. Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

TO HOSPITAL C VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. SMEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) PLACE OF DEATH Ceci 7 a. COUNTY **b.** COUNTY Cecil e. STATE Ma. Crector, Page or vour files. MERYLAND b, CITY OR TOWN (if outside corporate l'mits, e. LENGTH OF STAY IN 16 c. CITY OR TOWN (f outside corporale limits, write RURAL and give nearest town) weite RURAL and SING SUN R. D Rising Sun R.D.1 all life Board e. IS RESIDENCE ad. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) may be retained for ON A FARM? and 3 to the funera YES X NO State DATE Yeer NAMÉ OF Muddle Month Day OF DECEASED 61 the (Type or print) DEATH 19 Minnie with AGE (In yeers | IF UNDER 1 YEAR) IF UNDER 24 HRS. 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH and 2 w last birthday) Months WIDOWED T DIVORCED 69 MPS. MEDICAL EXAMINER: This certificate should be executed within 24 hours after 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Siele or foreign country) Medical Examiner's Office along with-form PM3. Page done during most of working life, even if relired) in pencil in Item 18. Give Pages 1, U.S.A. House Keeping Md. Housewife villin v 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Margaret Fox Harry E. Abrams 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyesgive war or detes of service) no Ral Jackson, Rising Sun, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: Acute Coronary Occlusion and IMMEDIATE CAUSE (e) **DUE TO** removal. Had Diabetes for several years. geve rise to immediate cause m **DUE TO** (a), stating the underlying 55 cause last. pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(-)) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 28 writing the word YES NO K should 20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) Page 3 s. burial, c PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. I to the Chief I (County) 20s. PLACE OF INJURY (Home, farm, 20f. (City or Jown) (State) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED fectory, street, office bldg., etc.) Not While While Hour a.m. et work at work sase execute the certificate, should be forwarded to the FUNERAL DIRECTOR: F 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 1 Inquiry and in my opinion Suicide Homicide 1 Undetermined manner death resulted from:-Natural causes CHIEF MEDICAL EXAMINER ALC: UKA ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER THE SING SUN Md Address (Street, city, fown, or county) 1-17-61 TO DEPUTY EXAMINER'S RZZZZZ R.C. Dodson NAME (Type) please a should by PUN 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22b. DATE THEREOF 22%, BURIAL, CREMATION. REMOVAL (Specify) north East, maryland BATE JAN VS. A15ME Cothur S. Krous 5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1	g. COUNTY	Cecil		MARY	11	o. STATE aryl		d lived. If institution b. COUNTY	n: Residence		ssion)
	Perry	or putside carporate limit	s, write	Life	IN 16	e. CITY OR TOWN (orate limits, write RU	IRAL ond giv	e nearest tow	rn)
	d. NAME OF HOSPI OR INSTITUTION	TAL (If nat in haspital, gi	ve street o	address)		d. STREET ADDRESS				ON	SIDENCE A FARM? NO []
3	NAME OF DECEASED (Type or print)	Frances	t	Middle		Keesey	4. DATE OF DEATH	Je nua		25	Yeor 19 61
5	Female	hita	7. MARRI WIDOWE	IED NEVER MARRIE D DIVORCEI		eb.19,18	377	9. AGE (In years lost-bighday) yrs.		YEAR IF UND	1
L	during most of wor House	ON (Give kind of work d king tite, even if retired)	one 10b.	KIND OF BUSINESS OF HOME		Maryla	.nd	country)		NOFWHAT	COUNTRY?
1:	3. FATHER'S NAME				1	4. MOTHER'S MAIDE					
L		L. Ward	1			Mary	Boy				
1:	S. WAS DECEASED EV Yes, no, or unknown) NO	ER IN U. S. ARMED FOR((If yes, give war or dates of se		SOCIAL SECURITY NO		Howard	D. Ne	Addr eff,Perr		Le,Md	•
	Conditions, if gave rise to couse (a), stating lying couse lost.	the <u>under-</u> DUE TO									- HITOBOY
CATIO	<u> </u>	HER SIGNIFICANT CONF	DITIONS C	ONTRIBUTING TO DEA	*-	T RELATED TO THE TE	RMINAL DISEAS	SE CONDITION GIV	EN IN PART I	PERF	ORMED?
		AS UNDERLYING GOOD CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OF	CCURRED. (Enter nature of injury	in Part I or Pa	rt (1 af item 18.)			
400000	20c TIME OF INJU Haur a.m. p. m.	RY Month, Day, Yea	r 20d IN While at work	NOT While of work	20e. PLACE factor	OF INJURY (Home, f , street, affice bldg.,	arm, 20f. (Cit etc.)	y or lown)	(Co	unty)	(State)
	21. I certify th	at (I) (this haspital	attend 11 F			th occurred of	2 M, from	he couses on	d an the		d above.
l	22a. SIGNATURE	arente	Je	11176	26.DATE SIGNED						
	22c PHYSICIAN'S NAME (Type)	Clarence	I. B	lenson,M.	D.	Port L	eposi		U		
2	REMOVAL OPERIT	236, DATE THEREO		St. Mar		Cem	Per	TION (City, lown, o	r county)	, Rura	ate)
2	FUNERAL DIRECTOR	E TIXALU	Vla	ADDRESS W. Perry	ville	2So. R	EC'D BY REGIS		TRAR'S SIGN		

TO HOSPITAL CANTENDING PHYSICIAN: The law requires that the death certinicate we executed minimal to the fined or the may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fined with page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/119



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Pages

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FUNERAL DIRECTOR:

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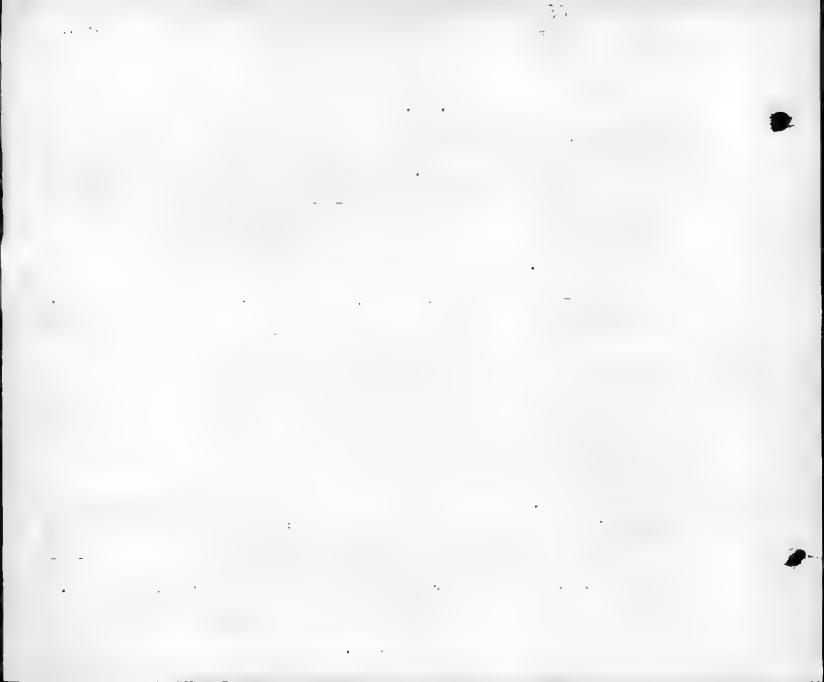
buriol-transit has been

death. funeral

requires that the death certificate be executed within 24 haurs



			507		CERTIFI	ICAT	E OF DEATH			{	0505
	1 [LACE OF DEATH	Cecil		MARYL	LAND	2 USUAL RESIDENCE (WE o. STATE Mary	_	ived. If institution b COUNTY	an: Residence b	refore admission)
	ı	CITY OR TOWN RURAL and give Perry	(If autside carporote limi nearest tawn) Point		rs. 8mo.		c. CITY OR TOWN (IF o	outside corpora	te limits, write R	URAL ond give	nearest town)
550		OR INSTITUTION	PITAL (If not in hospital, g	ive street addre	55)		d. STREET ADDRESS		Fulton	Avenue	e. IS RESIDENCE ON A FARM? YES NO
i , 0	3.	NAME OF DECEASED Type or print)	Fire		Middle		Lost KELLY	4. DATE OF DEATH	Mon Janu	th	Doy Year 25 19 61
	\$ 9	EX Male		, and 10	NEVER MARRIED		1-20-88	9	AGE (In years last birthday)		AR IF UNDER 24 HE
/_	10a	USUAL OCCUPAT during most of we Plumb	ION (Give kind of work orking life, even if retired	done 10b. KIND	of Business of Plumbing	R INDUST	RY 11 BIRTHPLACE (Stole Maryland	ar foreign cou	ntry)	12.CITIZEN	OF WHAT COUNTR
	13.	FATHER'S NAME	Michael J.		(deceas	,	14. MOTHER'S MAIDEN N	NAME	oll (de	ceased	
			/ER IN U. S. ARMED FOR	CES? 16. SOCI.		17 INF	ormant spital Reco		Add	ress	
		18. CAUSE OF D	EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (o	use per line for	(o), (b), ond (c).]		la bilateral			11	NTERVAL BETWEEN
		Canditions, if gave rise to cause (a), statin lying couse las	immediate DUE TO	Chr			ephritis sev				1-2 week
2	CATION						NOT RELATED TO THE TERM			EN IN PART 1(19. WAS AUTOPS PERFORMED? YES NO
	L CERTIFS	(IF EITHER, NOTIF	VAS UNDERLYING GAUSE OF DEATH Y MEDICAL EXAMINER)				(Enter nature of injury in				
	MEDICAL	20c. TIME OF INJI Havr a. m p. m	TF 6 10	While	OCCURRED 2 Not while of work	20e. PLA!	CE OF INJURY (Hame, form pry, street, office bldg., etc	n, ; 20f. (City o	r town)	(Cau	nty) (Sta
		•		,			eath occurred 2 * 50		ne causes an		
1		22c. PHYSICIAN'S NAME (Type)	A. L. MOO				D. ATTENDING MINISTRAL MIN	RECTOR [STAFF PHYS.	u Doin	1-25-61
1	230	REMOVAL (Special	100, 236. DATE THEREO		NAME OF CEMET	TERY OR	CREMATORY National	23d. LOCATIO	timore,	or county) Maryl	(Stote)
	24	Penning	ben & Jon	Havre	address de Gra	ce,	//	D BY REGISTRA		strar's signatura 2. 1	



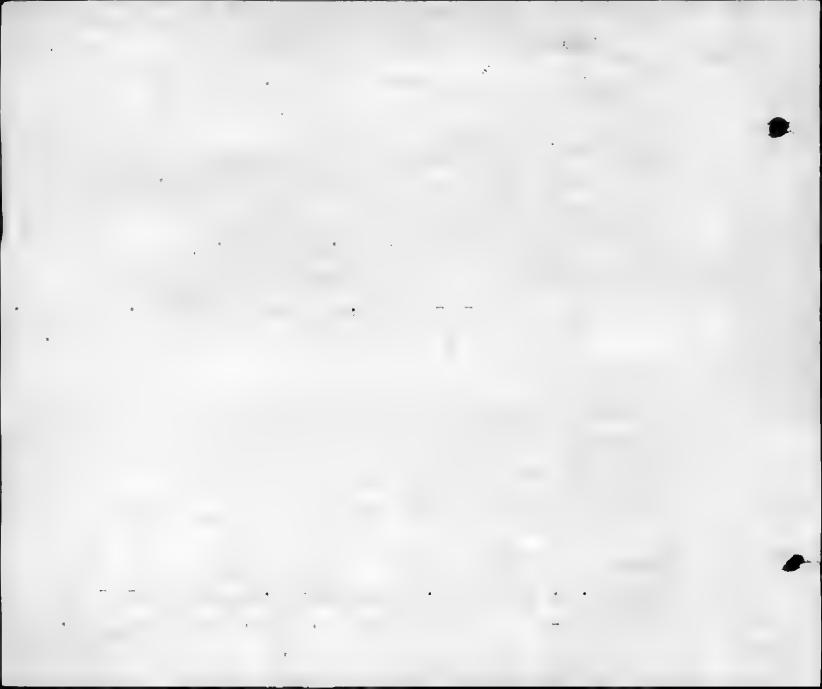
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aw requires that the death certificate be executed within 24



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE IN MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before admiss on 1. PLACE OF BEATH rector. Percountilles. a. COUNTY a. STATE **b.** COUNTY Cecil Md.Cecil MARYLAND b CITY OR TOWN (if outside corporate I mits. F. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate I mds. write RURAL and give nearest town) write RURAL and give nearest town) Elkton Life Rural Elkton Rural Boar a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . d. STREET ADDRESS ON A FARM? retained he State B YES NO DE 3 NAME OF Fest M ddle 4. DATE Year 3 to the 1961 EOTMAN DEATH Jan. [Type or print] ALFRED with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 19. AGE (In years | IF UNDER 1 YEAR . IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH age 5 may 1 and 2 with 72 hours at last highday) Months and. WIDOWED F Male DIVORCED [10a USUA, OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fore on country) 12. CITIZEN OF WHAT COUNTRY? Раде done during most of working life, even if retired) U.S.A. General Nr. Elkton, Md. in Item 18. Give Pages Laborer pages 1 form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (No Informantion) George Lotman Sarah el: 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) WH5 212-16-6732 Mrs. Sophie Ann Lotman, Nr. Elkton, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN along v transit p ONSET AND DEATH PART I, DEATH WAS CAUSED BY, Unk. Coronary Occlusion IMMEDIATE CAUSE (a) certificate shauld be Office 2 DUE TO Conditions, if any, which (b) gave rise to immediate cause 40 DUE TO (a), stating the undarlying 10 Examiner pesn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 118). 19, WAS AUTOPSY CERTIFICATION PERFORMED? 2 NO Medical ploods 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of stam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [CAUSE OF DEATH. execute the certificate, writing should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, streat, offica bldg., etc.) While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 1 Inquiry X and in my opinion MINICAL death resulted from: Natural causes Ty Accident [Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S C. Dodson, M.D. Rising Suns (Stradely, lown, or county) NAME (Typa) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Spacify) 40 6 Burial Elkton. Wesley Cem. Nr. ם 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME aritug & Kraus 5M 7/59

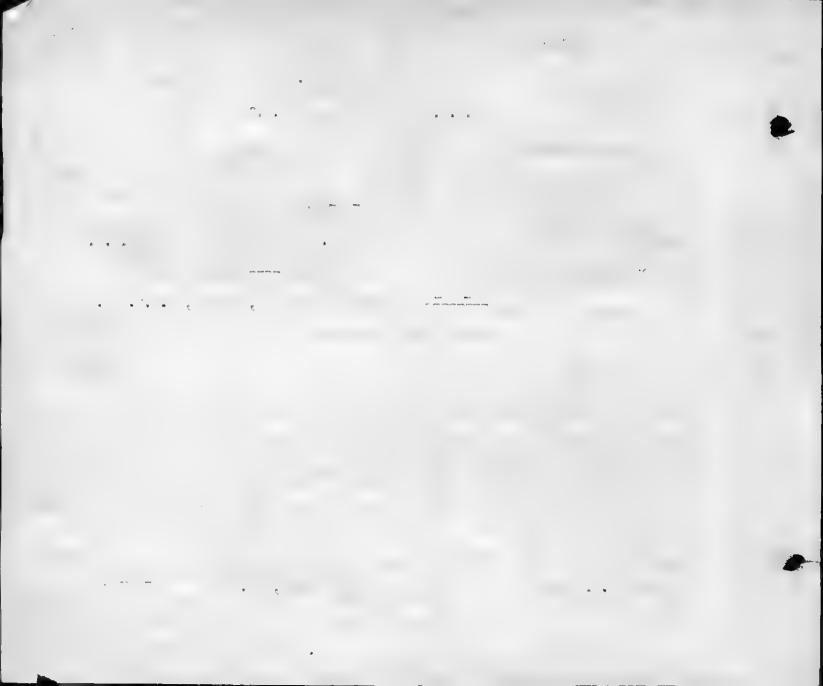
MARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any del. precessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral Sfector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-trensit permit. File pages 1 and 2 with the State Board at Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 510 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if Institution Residence before edmission)
o. COUNTY Cecil MARYLAND	o. STATEMO. 6. COUNTY
b. CITY OR TOWN (if outs de corporete I mits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outs de corporete limits, write RURAL end give neerest town)
write RURAL end give neerest town)	Y
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 1 0. IS RESIDENCE
a state of the sta	ON A FARM?
J. NAME OF Union Hospital	Last 4, DATE Month Day Year
DECEASED	OF
(Type or print) Mary Frances Lynn	
To the state of th	last birthdey Marshall Days 3 Harris
MIDOMES	0-16-1678 62 yrs. Marins Days Nours Mr.
dane during most of working life, even if retired)	Y 11. BIRTHPLACE (State or fore gn country) 12. CITIZEN OF WHAT COUNTRY?
Houswife at Home	Pa. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Zulay Duffy	XXXX Catherine Carney
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, no, or unknown) (Iffyesgivewerordetesofservice) 21-07-3341	NFORMANT Address
no -21-0/-33+1 Cha	ndler McClane, Elkton, R.D.2. Md.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Acute Coronary Oc	
DUE TO	
Conditions, if any, which \ (b)	
geve rise to immediate cause	
(e), steting the underlying ceuse lest.	
	OF RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19. WAS AUTOPSY
	PERFORMED? YES NO T
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO. 206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DO CAUSE OF DEATH.	Enter neture of injury in Part I or Part II of Hem 18.)
PRIMARY OF CONTRIBUTING CONTRIB	
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)
Hour e.m. While Not While	ory, street, office bldg., elc.)
21. I certify that I took charge of the remains described above, he	
death resulted from Natural causes Accident . Suic	
N 10 11 1201 1 197	CHIEF MEDICAL EXAMINER
SIGNATURE OF OTHER	ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S R.C. Dodson	DEPUTY MEDICAL EXAMINER IL-21-61
	Rising Subject Md., or county) CREMATORY 22d. TOCATION (City, lown, or county) (Siete)
REMOVAL (Specify)	
Burial 1/25/61 Cathedral Co	emetery Wilm Delaware
23, FORENE DIRECTOR	
FIFTH PULLHAL HOME Conall pulle Elkto	on, Md. DATE JAN 24'61 arthur S. Krous

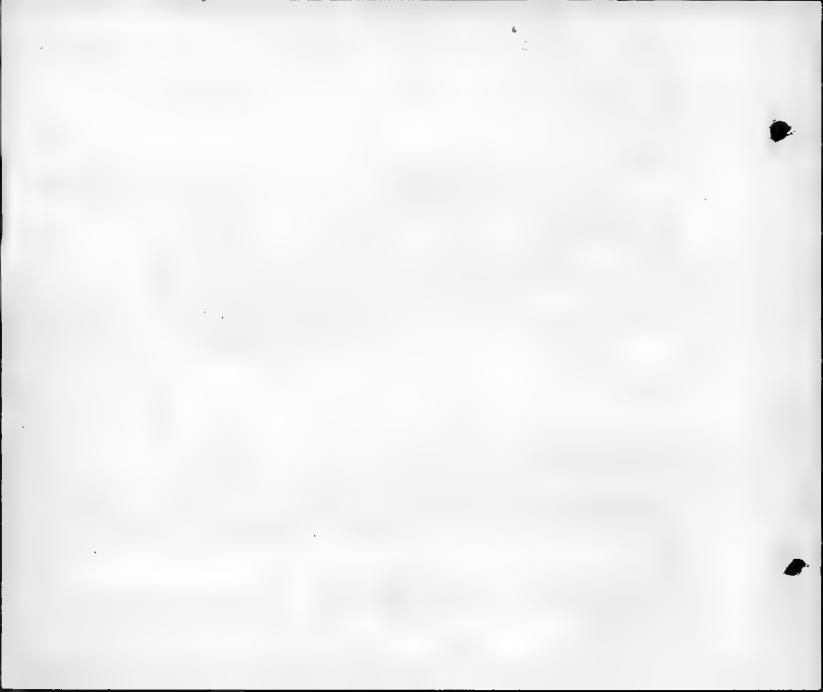


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

death. hours certificate

requires that

VS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

death: Page



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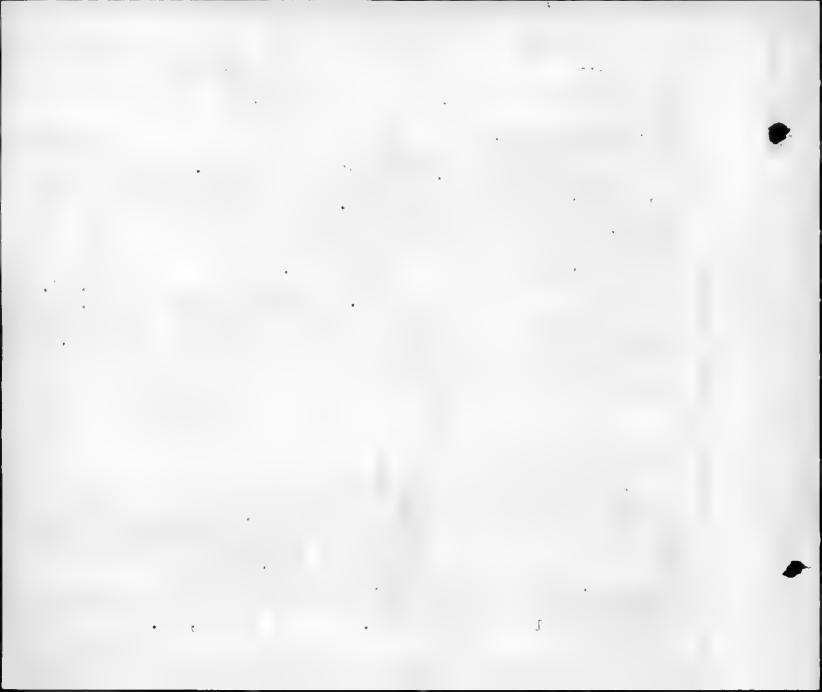
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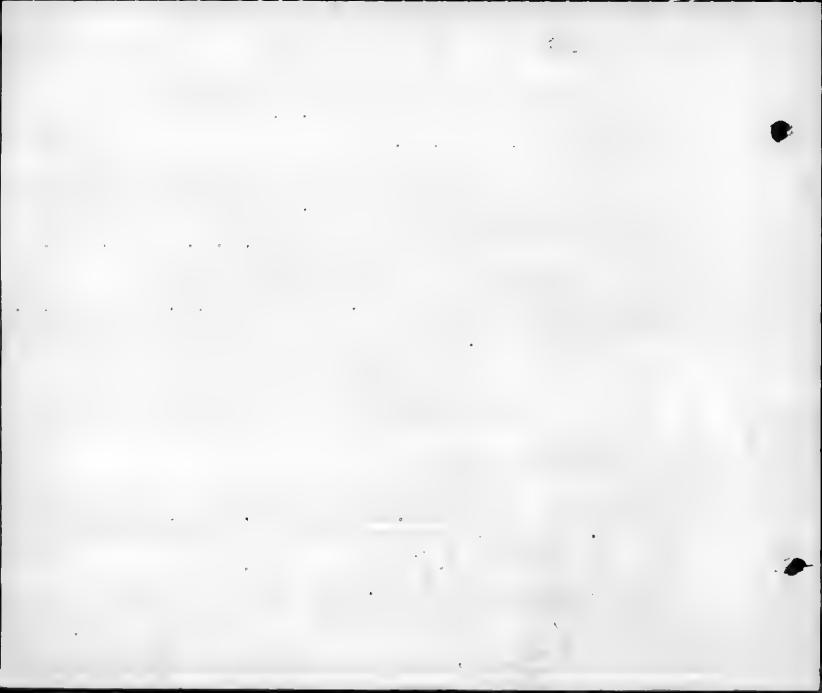
AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIMEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission e. COUNTY Page Heelth, a. STATE **b.** COUNTY MARYLAND Cecil b. CITY OR TOWN (fourside corporate lim to c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate frm ts, write RURAL and give nearest town) write RURAL and give neerest lown) Board all life d. NAME OF HOSPITAL OR INSTITUTION IN hospital, give street address) Port Deposit R.D.1. Md. a. IS RESIDENCE ON A FARM? be retained EXAMINER: This certificate should be executed within 24 hours efter death. If any death, writing the word "granding" in pencil in Ism 18. Give Roges 1, 2, and 3 to the fune or the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained RR. Page 3 should be used as a burial-trensit permit. File pages 1 and 2 with the State wrot to burial, cremation, or removal, and in any eyent within 72 hours after death. YES NO 3. NAME OF Middle 4. DATE Month Year DECEASED OF (Type or print) DEATH Louise 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Hours WIDOWED [DIVORCED [55 YFS. 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Pa. U.S.A. Housewife ceping House 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Isaac Alexander Mary Amelia Grant 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (If yes giva war or detes of service) Joseph Allen McMullen, Port Deposit R. Dalam 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Coronary Occlusion IMMEDIATE CAUSE (a) **DUE TO** geve rise to immediate cause DUE TO (e), stating the underlying PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPSY CERTIFICATION PERFORMED? sess execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be NO 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY 2De, PLACE OF INJURY (Homa, ferm, Month, Dey, Yeer 20d, INJURY OCCURRED 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While at work al work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry 😓 and in my opinion DICAL designated agent, death resulted from: Natural causes Accident Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER [DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S NAME (Type) .C .Dodson 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country REMOVAL (Specify) 40 6 Burio 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR **ADDRESS** VS. A15ME arthur S. Ferres 5M 7/59



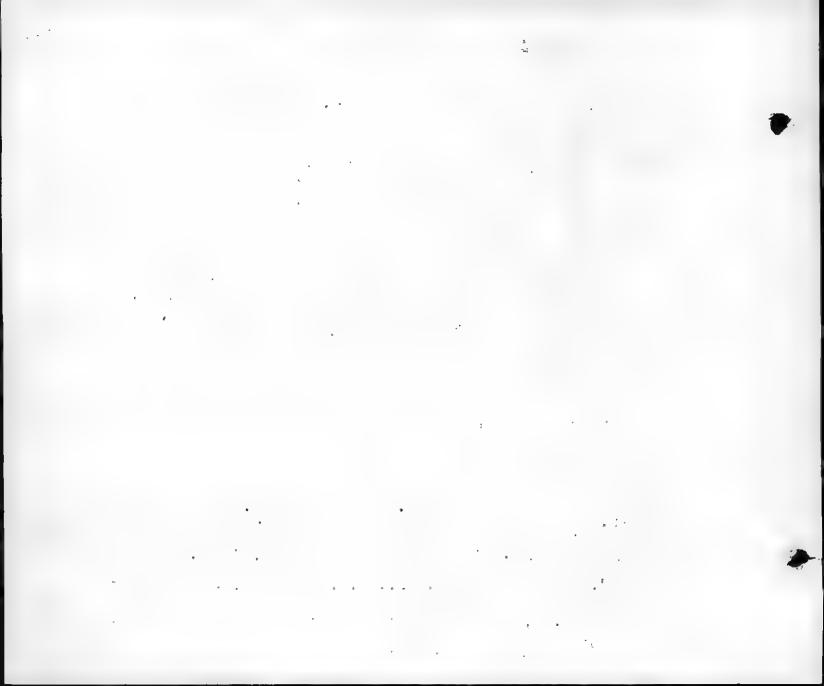
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3	filed with	1 2 should be	oges I and	5 5	n pape	e corbo	: гетаv 72 hoy	page 3 should be detached for use as the burial-transit permit. Then please remave corban papers. Pages I and 2 should be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours ofter death.	ge 3 s regis
	director,	by the funeral	filled in	pletely	moo pu	ician ar	ng phys	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director,	FUNER

ITENBING RHYSICIAN: The low requires that the death certificate Be executed within 24 liburs of the death. Eage II

		OTO							-			Reg. D	ist. No.		
1. PI	ACE OF DEATH					2. U	SUAL RESID	ENCE (Wh	ere deceas			on: Reside	nce befor	re odmist	ion)
	Cec	il		MAR	CLAND	∥ °	. SIAIE TO	[ary]	and	ŧ	b. COUNTY	Cec	il		
b.	CITY OR TOWN (II	f outside corporate limits,	write c	LENGTH OF STAY	IN 16	C	CITY OR TO	OWN (If o	utside corp	orote lin	nits, write R	URAL and	give nec	srest fowr	1)
	Rural	- Elkton		10 yrs		7	B. D	. 5	Rur	a]	E.	ktio	m		
d.	NAME OF HOSPIT	AL (If not in hospital, give	street ad	ldress) -			. STREET AD	DRESS	11 (41		1.1	7.11(7)		e. IS RES	IDENCE
R	esidence	R. D. 5,	El	kton, Mo	l	1				M	aryla	and			FARM?
	AME OF ECEASED	First		Middle			Lost		4. DATE		Mon	th	Do	Y	Year
ij	ype ar print)	Robert		Earl			Mill	er	DEATH	J	anuar	J.A.	5	1	1967
5. SE	х	6. COLOR OR RACE 7.	MARRIE	D 🔯 NEVER MARRI	ED 🔲	B. DA	TE OF BIRTH	ar.		9 AG	E (In years birthday)	IF UNDER	1 YEAR	IF UND	R 24 HRS
R	1ale	White w	IDOWED	DIVORCE	D 🔲	Jur	ne 19	, 19	14	4	6 yrs.	Months	Days	Hours	Min.
10a.	USUAL OCCUPATIO	N (Give kind of work don ing life, even if retired)	e 10b. KI	ND OF BUSINESS C	OR INDU	STRY	11. BIRTHPLA	CE (State	or foreign (ountry)	-	12. CI	TIZEN O	F WHAT	COUNTR
	doring most of work	and the exem it remed?	Mus	shroom G	row	er	Tuck	arda	le i	NT.	α.		TT	g	Δ
13. F.	ATHER'S NAME						MOTHER'S								
		Unknown					Bert:	ie M	ille	r R	ichar	dsor	า		
15. V	VAS DECEASED EVEN	R IN U. S. ARMED FORCES	? 16. SC	CIAL SECURITY NO	17. 1	NFORA					- Addr		,		-
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Ī	B. CAUSE OF DEA	TH [Enter only one cause	per line	for (a), (b), and (c).					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				INTE	ERVAL BE	TWEEN
-1	PART I. DEAT	TH WAS CAUSED BY:	C.	nrei noma		 1.			la.					ET AND	
-1	151	IMMEDIATE CAUSE (a)	U	neci noma	0_	_T.	18. ST.	Marie C	n	.=			<u> </u>	nont	ns_
-1	Conditions, If an	A													
-1	gave rise to in	nmediate (0)											+		
	cause (a), stating the lying cause last.														
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ERTIFI	Mo. ACCIDENT WA DR CONTRIBUTING IF EITHER, NOTIFY	S UNDERLYING (1) 201 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCR	IBE HOW INJURY O	CCURRE	D. (Ent	er nature of	injury in P	art tor Pa	rt II of i	tem 18.)				
N Z	Oc. TIME OF INJURY		20-1 INTI	URY OCCURRED	200 21	ACE O	F INJURY (H	one form	20f. (Cit				C		450.0.0
MEDICAL	Hour a. ji.		While _	Not while	fo	tory, s	Ireel, office	bldg., etc.) 	y or low	Aul	(County)		(State)
~ F	p. m.		at work [<u>.i</u>	_					
į.	21. I certify the	at I attended the de	eceased				, 19 <u>.60</u> ,								
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-1.	LATIA I	All On de		14					ADDRESS (S	ireet, ci	ity or town,	stale)		D.	ATE SIGNI
	ACTUAL SIGNATURE	11 -01 -21	1744	ens, //		M.D		233	E	Maj	n Str	reet		1/6/	61
	PHYSICIAN'S NAME (Typo)	S. RATPH A	NDR1	EWS. OR.	M	.D.		E	lkto	n	l la	aryla	and		
22a.	BURIAL, CREMATIO	N, 22b. DATE THEREOF		22c. NAME OF CEM	ETERY O	R CRE	MATORY		22d. LOCA	TION (City, tawn, o	r county)	,	(State	e)
	REMOVAL (Specify) Burial	1/7/61.		Tucker		Ce	meter	ידדי			dale.	71	TIT	(3	,
23. F	UNERAL DIRECTOR'S	S SIGNATURE		ADDRESS		00		~~~~	BY REGIS		24b. REGIS	TRAR'S SE	GNATUR	E.	
1	Taiph	6. Hickse	lkto	on. Mary	lan	đ		DATEA N	1 3 '61		Carl	. 2 1	Tanks		



61 6		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1 35		CERTIFICATE OF DEATH Reg. Dist. No. (. () 5 1 ()
erol director, be filed with		PLACE OF DEATH o. COUNTY Cecil 2 USUAL RESIDENCE (Where deceosed lived of institution Residence before admission) o. STATE Maryland Cecil
	1	b CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Elkton C. LENGTH OF STAY IN 1b RURAL ROUTE 1. Elkton
by the fund 2 should		d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Union Hospital 6. IS RESIDENCE ON A FARM? YES NO
illed in b	3.	NAME OF DECEASED (Type or print) PETER MISUNAS DEATH Jan. 8, 19
d within 2	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH Male White WIDOWED DIVORCED June 22, 1874 9. AGE (In years lost birthday) Months Doys Hours Min.
on comple	10	a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Retired U. S. A. U. S. A.
ion ond corbon offer de	13	FATHER'S NAME
g physic remove 7 hours	15	Unknown WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Wifeduress Mrs. Bessie Misunes, R. D. 1, Elkton
requires that the death ion. In signed by the ottendirents permit. Then please and in any event within		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditians, If any, which gave rise to immediate couse (a), stoling the under: Lying couse last. Line far (a), (b), and (c).] Acute cholycystitis with toxemia INTERVAL BETWEEN ONSET AND DEATH LOOP Canditians, If any, which gave rise to immediate couse (a), stoling the under- Lying couse last. Line far (a), (b), and (c).] Acute cholycystitis with toxemia Line far (a), (b), and (c).] DUE TO Line far (a), (b), and (c).]
The low ng physici s hos bee suriol-tron emovol, a	THICATION	
PHYSICIAN: of or ottendii his certificati r use os the t emotion, or r	MEDICAL CERTIF	20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, 20f. (City or town) (State)
ok ATTENDING ned by the hospit DIRECTOR: After of d be detoched for prior to buriol, cr		21. I certify that lattended the deceased from Dec. 23, 1960, 1961, 1961 hat last saw the deceased alive an Jan. 1961, and that death accurred at 7:00a, from the causes and an the date stated above. ADDRESS (Street, city or tawn, state) DATE SIGNATURE 233 E. Main Street 1/8/61
ITAL retoi		PHYSICIAN'S S. RALPH ANDREWES, JR., M.D. Elkton, Maryland
TO HOSPITAL may be reto TO FUNERAL page 3 shout the registror	L	Burial, CREMATION, REMOVAL (Specify) Burial Jan. 11, 1961 St. Rose's Cemetery Crematory Chesapeake City, Maryland
VS A15 (4) 15M 9/5B	23	FUNERAD DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE JAN 13'61 Outland S. Krause





1	Ht.	-T\-(T YTT)	MENT OF HEALTH
FOR STATE		Division of STATISTICAL RESEARCH AND RECORDS, 301 W	I. PRESTON STREET, BALTIMORE 1, MARYLAND IFICATE OF DEATH
HEALTH DEPT.	-		AL RESIDENCE (Where deceased tryed, if institution; Residence before admission
≥8. €		e. COUNTY e, ST/	
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of o		write KURAL and give nearest lown)	
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Page 13. J	13.		HER'S MAIDEN NAME
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with with any	١.	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Parks, Port Deposit, Md.
xacu Jin II Jin II Jin II In I		PART I DEATH WAS CAUSED BY.	ONSET AND DEATH
be ediciple of all training of the colors of	10	145.4 IMMEDIATE CAUSE (a) Congestion and oedema of	10188
ould in p Offic Suria ioval		Conditions, if any, which \ (b) Gastro interitie fro	om bacterial infection
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ficat mine ed		(c)	
EXa US	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	PERFORMED?
wor wor dical uld t	THC	208. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (Enter nature	of injury in Part I or Part II of Item 18.)
高いる。	SE SE	FRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH.	
Chief Chief Ge 3	CAL	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY Hour a.m. 1 2 While Not While factory, street, o	IRY (Home, farm, 20f. (City or town) (County) (State)
X.A.a. Be, W. Per to	MEDI	p.m. 19 at work at work Flome	Port depositR.D. Cecil Md.
D to		21. I certify that I took charge of the remains described above, held an Aut	
Sent Sent Sent Sent Sent Sent Sent Sent		death resulted from: Natural causes Aggident Ag Suicide	Homicide Undetermined manner
teb the plant		ACTUAL / XX/V/CCXCV	SSISTANT MEDICAL EXAMINER TO DATE SIGNED
EAL Ignati		SIGNATURE M.D.	EPUTY MEDICAL EXAMINER
B M G K	إ	NAME (Type) R.C. Dedson	office (Single or county) 1-4:-61
DEP ease shoul FUN its d	22a	2a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATO.	
6 g 4 6 g	,23	Burial Jan. 7, 1961Nottingham Miss.	Bapt. Cem., Nottingham, Penna.
VS. A15ME 5M 7/59	7	Fifth E. Nicky Elkton, Maryland	
		A CINCIAN DELL'ACTION OF THE COLOR	DATE JAN 1 2 '61 Cotton & Krons



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	Τ-		STATISTICAL	RESEAR	CH AND RECO	RDS, 3	OI W. PREST	ON STREET		RE 1, MA	RYLAND
FOR STATE			OT S WEL	DICAL	EXAMINE	R'S	CERTIFICA	TE OF	DEATH		10515
HEALTH DEPT.	1.	PLACE OF DEATH	-			1 7	. USUAL RESIDI	ENCE (Where de	cassed lived. If	netitution. Parada	U U U L A
88 E		a. COUNTY				- 11	a, STATE	BARCA (Willele Co	b. COUNT		anca perore admission
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56 5 2 A	ľ	write RURAL and	give nearest town)	, 2,	C BROTH OF STATE	14 15	c. CITY OR TOWN	N (if outside corp.	orete limits, writa	KUKAL end giv	a neerest town)
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d d d	5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	의	ATE OF BIRTH	0.0	AGE (In yaers last birthday)	Months Days	
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A Page	13	FATHER'S NAME				14	. MOTHER'S MAID	EN NAME			
Sive Sive The F		Jonl	H. Parks				Shirley	Richard	lson		
Vith form form ewe	15. [Ye	WAS DECEASED EVE s, no, or unkown) (II	R IN U.S. ARMED FOR	CES? 16. S	SOCIAL SECURITY NO.	17. INF	ORMANT	***	Address		
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indi desi		cause last.	(c)		Shigella So	nnei	. infecti	on			
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or de mat	Ę										PERFORMED?
E \$ 19 5 6	CERTIFIC	20a. EXTERNAL CA	USE WAS 21	Db. DESCRIE	E HOW INJURY OCCU	RED. (Enter	neture of injury in t	Pert f or Part II of	item 18.)		
現場を できる。	2	CAUSE OF DEATH.	AIKIBUIING []								
Titing 3	MEDICAL	20c. TIME OF INJUI	RY Month, Day, Yee			. PLACE	OF INJURY (Home, F	arm, 20f. (City	or town)	(County)	(State)
MAN SECTION	WED	Hour a.m.	1 2,6	Mhile at work	Not While	Home	street, office bldg.,		eposit F	n Coo	23 353
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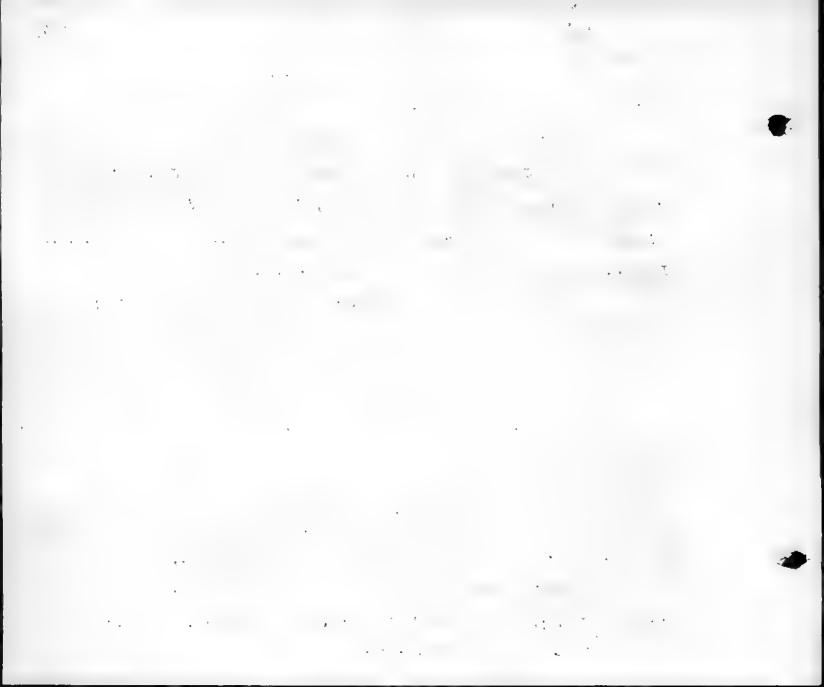
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Page	be filed with	M	1.	PLACE OF DEATH	14		MARYLAND	2. USUAL RESIDENCE (Va. STATE	Where deceased live	d. If institutions R b. COUNTY	esidence before ad	mission)
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ihio S	Pages		-	EX	6. COLOR OR RACE	7. MARRIED 🔀 I	NEVER MARRIED	B. DATE OF BIRTH	19 A		INDER I YEAR IF UI	196/ NDER 24 HRS.
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	an and carbon after de	(1	핤	FARMEN'S NAME	<u> </u>	GLAIM	FALMING	14. MOTHER'S MAIDEN	NAME		0,2;	
icale	pnysicia imave co havrs af		1	HOMAS	SART		SECURITY NO. 117.	ELLA U	LATTS			
	remo		(Ye	no. or unknown)	(If yes, give war or dates of s	ervice)		ORAH SHETIN	RAFTO	Address Address	ETURIN	1257
leath	lease ithin			18. CAUSE OF DE	ATH [Enter only one co			3 1	-	1	INTERVAL	BCTWEEN ND DEATH
the d	hen p			PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (0	tente	myor	andial In	fardier !	Coroning	549 1 1	dalin dech
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aspit a	ed for			21. I certify t	hat I attended the	deceased fra	n Sentil	19 00, to	IBN. IL.	19 bl th	at I last saw tl	ne deceased
TEND the st	otoch bvri			alive an	81.275	12 0	, and that deat	accurred at 3	L_M, from th	e causes and city or town, state	an the date st	ated abave.
	be de la	1		ACTUAL SIGNATURE) ymetr	Juny	v	M.D. 106.5.	Broad	maddi	ation.	Del.
retoin	shauld strar pr	(PHYSICIAN'S NAME (Type)	DEMETER	2 SWR	Y PEC, M	9.			Jun	1426
OSP Posp	ge 3	•	220	BURIAL, CREMATION REMOVAL (Specify			AME OF CEMETERY	OR CREMATORY		(City, lown, or con	unity) (S	itale)
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		26										



1 .8		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
. 9	4.	522 CERTIFICATE OF DEATH Reg. Dist. No.	}
Page 4		o. COUNTY O. COUNTY O. COUNTY O. STATE O. COUNTY O. STATE O. COUNTY O. COUNTY O. COUNTY ACTION O. COUNTY ACTION O. COUNTY ACTION O. COUNTY	
funeral death.	ñ)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAS and give nearest town) 4 0045 Perryusess	
by med d 2 show	65	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION CON A FARM YES NO.	2
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d within pletely f rs. Pag		S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH PLUE C OLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED OF 7 - 1905 9. AGE IN yoors IF UNDER 1 YEAR IF UNDER 24 M Months Days Hours Mir yrs.	
e executed and cample ban papers.		Outsual occupation (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign county) Abouse arke	RY7
8 5 5 F	I	3. FATHER'S NAME John Banks. 14. MOTHER'S MAIDEN NAME Stansbury	
certificate ng physici s remave of 72 hours of		S WAS DECEASED EVERY IN J S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address (Yes, 10 or unknown) (Myes, give wor or dates of service) (Very no or unknown) (Myes, give wor or dates of service)	120
death ce ittending please re within 72		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b) and (c).] PART I. DEATH WAS CAUSED BY:	7 #
hat the ay the at . Then event v		3 DUE TO	2
equires to the signed but to permit to any distribution of the signed but the sig		Conditions, if ony, which (b) (b) (c) (c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	
physician. 2s been si al-transit aval, and	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOP PERFORMED? YES NO	?
IAN: The ending ficate hat the buri		20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING AJSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSIC all ar ath his certi use as ematian,		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. P. m. 19 at work	ate)
haspite Affer II hed far rial, are	1	21. I certify that I attended the deceased from	
ATTEN J by the ECTOR: Se detact ar ta bu		ACTUAL SIGNATURE ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE M.D. 205 W. Main Street	
retained RAL DIREC should be		PHYSICIAN'S Joseph G. Lanzi M.D. Elkton, Md. Jan. 8, 1961	L
HOSP hay be FUNE age 3 he regi	:7	GENOVAL (SPECIFY) DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY CHEMOVAL (SPECIFY) DOLL (2/1960) (Stole) LUICOU W. F. LEWELLY CHEROCOLOGY, town, or county) (Stole)	
2 2 4) VS A?S (4) 15M 9/58		3. FÜNERAL DIRECTORIS SIGNATURE / ADDRESS LICATY COLO DATE . 246 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	
1.3HS 77.3D		John G. Tarring	



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1			523		CERT	IFIC/	ATE OF DE	ATH	ı		Reg. Dist. N	. 60521
vi)		PLACE OF DEATH	-				2 USUAL RESIDER	NCE (Whe	ere deceosed	lived. If instituti		fore admission)
			Cecil			YLAND	M	aryl			Cec:	
	'	 b. CITY OR TOWN (RURAL and give n 	If autside corporati earest tawn)	e limits, write	c LENGTH OF STAY	r IN 1b	c. CITY OR TO	WN (If as	utside carpor	ote limits, write F	RURAL and give n	earest town)
-		Elkto			2 days		X		kton			
5		OR INSTITUTION			et address)		d. STREET ADD	RESS				e. IS RESIDENCE ON A FARM?
100			Union	1			Route	# 1	Box	166 A 1		YES NO X
	3.	NAME OF DECEASED		First	Middl	е	Lost		4. DATE OF	Mai	nth C	Day Year
		(Type ar print)	L	James	В.		Sexton		DEATH	Ja		19 61
	S. 5	SEX	6. COLOR OR R	ACE 7. MA	RRIED 🔀 NEVER MARR	IED 🔲	B. DATE OF BIRTH			9 AGE (In years last birthday)	Months Days	R IF UNDER 24 HRS
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	10a	 USUAL OCCUPATE during most of wor 	ON (Give kind of v	work done 10	L KIND OF BUSINESS	OR INDU	STRY 11 BIRTHPLAC	E (State o	or fareign ca	untry)	12. CITIZEN C	OF WHAT COUNTRY
1		Farmer	_		Owner		Wythe	vill	e. Va		1	U.S.A
	13	FATHER'S NAME					14. MOTHER'S M.	AIDEN N	AME		·	
		James M.	Sexton				Lydia	A. 1	Wample	er		
	15	WAS DECEASEDEVE		FORCES? 1	6. SOCIAL SECURITY NO	O. I	NFORMANT				dress	
	_		1. 7.4 6.1			_ B1	anche Sex	ton		Elkto	n Mar	vland
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		PART I. DEA	ATH WAS CAUSED	BY:	Cati De	an	6	1	1000	ec. Ti	1.	NSET AND DEATH
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		Conditions, if a		(b)								,
		gove rise to i cause (a), stating		JE TO								
		lying couse last.	me ander	(c)			_					
1	N O	PART II. OT	HER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO DE	EATH BUT	NOT RELATED TO TH	HE TERMIN	NAL DISEASE	CONDITION GI	VEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
U	FICATION			Le	rerales	ed	and	ence	march.	1000		YES NO Z
		20g. ACCIDENT WA	AS UNDERLYING	20b. DE	SCRIBE HOW INJURY	OCCURRE	D (Enter noture of it	njury in P	art I ar Port	II af item 18.)		
	CERT	(IF EITHER, NOTIFY	MEDICAL EXAMIN	NER)								
	MEDICAL	20c, TIME OF INJUI	RY Month, Doy,	Year 20d.	INJURY OCCURRED		ACE OF INJURY (Ho			or town)	(Caurty	r) (State
	WED	Haur o.m.		19 at w	le Nat while ork at work	Tot	tory, street, office bl	iog., eic.)	1			
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		alive on	1-15-	10		t dooth	occurred at					
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		ACTUAL SIGNATURE	11.01	La -	1 CARDE	7	м о		Elktor	Md		
			7:10	11			m.u.		744737CK 8	433XFF3-		
		PHYSICIAN'S NAME (Type)	Willis	rd Epr	es				Elktor	Md.		
	220	BURIAL, CREMATIC	ON, 226. DATE TH		22c. NAME OF CEA	AETERY O	R CREMATORY		,	ION (Cily, town,	or caunty)	(State)
		REMOVAL (Specify) Removal	Jan.27	7.1961			eral Home		Wyther		Virgini	, ,
	23.	FUNERAL DIRECTOR		(ADDRESS	- 4 UL		_	BY REGIST		ISTRAR'S SIGNAT	
	1	VOTATALA K	Milan	nus /	Abingdo	on,Mo	l., p	ATE JA	N 3 0 16	1 0	I alway S. Fr	m t t A
		TANAMIN V		77						1	, rel	and and fi



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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25b. REGISTRAR'S SIGNATURE

Outhur S. Krace

25g, REC'D BY REGISTRAR

DATE JAN 3 1 '61

524 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY b. COUNTY Maryland Cecil MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b b CITY OR TOWN (If autside carporate limits, write Perry Point Baltimore 20 days IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL (If not in haspital, give street address) ON A FARM? Administration Hospital 3044 Guilford Avenue YES 🔲 NO ₽ 4. DATE Day Year NAME OF DECEASED Middle Last Month DEATH (Type or print) DAVTD SHAGER 19 61 Α. January F UNDER 1 YEAR IF UNDER 24 HRS 9 AGE (In years B. DATE OF BIRTH 6. COLOR OR RACE 7 MARRIED CONEVER MARRIED last birthday) Months Doys Haurs Male White DIVORCED | May 4. WIDOWED | 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Railroad Trucker Michigan USA 14. MOTHER'S MAIDEN NAME 3. FATHER'S NAME June Schlew Anthony Shager (deceased) 17 INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Hospital Records, VAH. Perry Point. Md. Yes PL-28 Korean unknown INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Myocarditis, diffuse l week IMMEDIATE CAUSE (a) DUE TO Acute bacterial endocarditis weeks Canditions, if ony, which gave rise to immediate DUF TO cause (a), stating the undurlying cause last. PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY CATION PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18) 20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20f, (City or town) (Stote) 20c. TIME OF INJURY (County) Doy, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) While Hour a.m. Not while at wark ot wark p. m. 22n. SIGNATURE 5 GNED ATTENDING STAFF PHYS T MED DIRECTOR 21-61 M.D PHYS 22d. ADDRESS 22c PHYSICIAN'S Clinical Pathologist, VAH, Perry Point, Md. L. MOONEY. Asst. 23a BUR AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town, or county) (State) REMOVAL (Specify) Baltimore National Baltimore, Maryland KEMAUAL

ADDRESS

Havre de Grace. Md.

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24. FUNERAL DIRECTOR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH 526 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND 6016 Md. Cecil b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest town) Chesaneake City d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? DEGAN . YES NO K NAME OF DECEASED First Middle Lost 4. DATE Month Year Day OF DEATH (Type or print) Thomas Veasev Jan. 196 5. SEX 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED | 8. DATE OF BIRTH AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Hours Male WIDOWED 3 DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Nr. Cecilton, Md. Retired Ret. Carpenter U.S.A. 13. FATHER'S NAME Henry Stradley no information IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address Stradley North Atlanta. none 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET, AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_ KTERIO SCLEPO DUE TO Conditions, if any, which ! gave rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES TO NO FOR 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg, etc. Hour a. fi. While Not white of work of work A 21. I certify that I attended the deceased from LSATM, from the causes and an the date stated above and that death accurred at_ ADDRESS (Street, city or town, state) DATE SIGNER ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) uria Rethel Cemetery 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR

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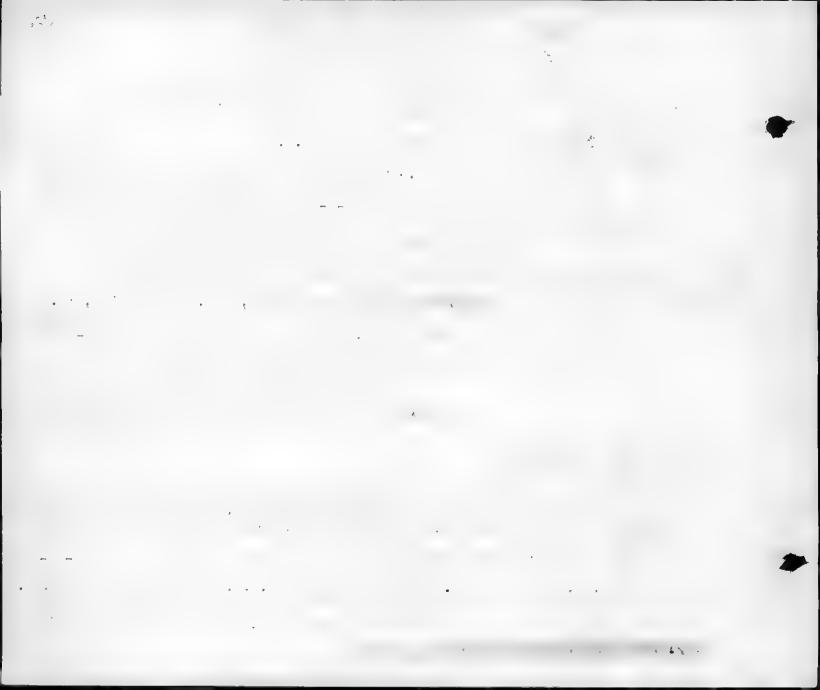
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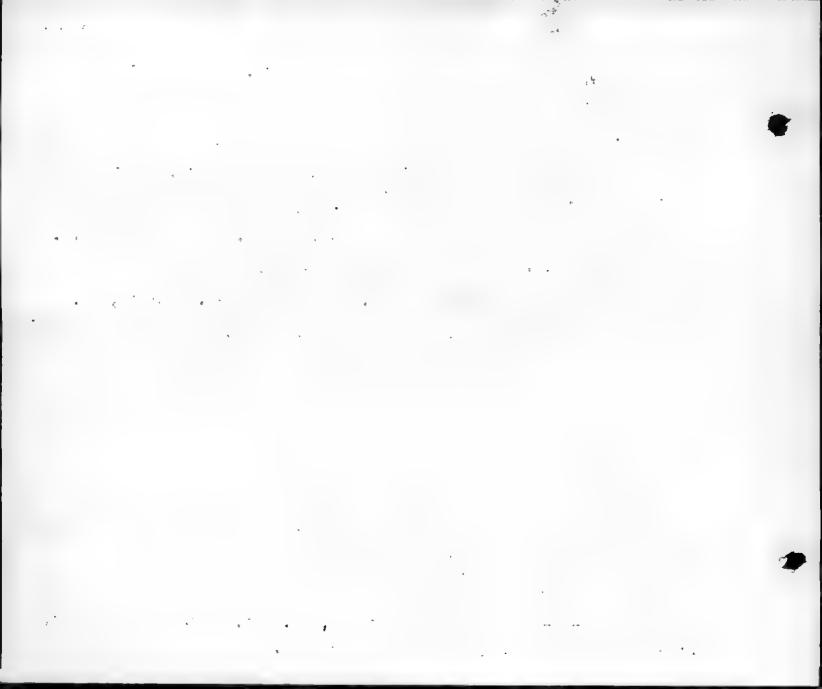
VR A15 (4) 15M 9/59

PLACE OF DEATH 5 SEX

2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY a STATE b. COUNTY MARYLAND Cecil Maryland Cecil b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CFTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lawn) 18 days Port Deposit Perry Point d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES TX NO Veterans Administration Mospital R.D. NAME OF First last 4. DATE Month Day Yeor DECEASED 16 1961 EARL TOME (Type or print) DEATH January IF UNDER 1 YEAR IF UNDER 24 HRS 9 AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH last birthday) Months Doys Male White WIDOWED T DIVORCED [7] yrs 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Maryland Farming Farmer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jennie Coulson William Harvey Tome (deceased (deceased IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Hospital Records, VAH, Perry Point, Md. WW-1Yes INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bronchopneumonia, right lung dava IMMEDIATE CAUSE (6) DUE TO Acute lymphocytic leukemia Conditions, if any, which weeks (b) gave rise to immediate DUE TO couse (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Diabetes mellitus YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) 20c TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, , 20f. (City or town) Doy, Year (County) (Stote) foctory, street, office bldg, etc.) WEDE a. m. While Nat while at work at work p. m. 22a SIGNATURE 22b DATE SIGNED ATTENDING PHYS -17-61 M.D. DIRECTOR PHY9X Y 22c PHYSICIAN' 22d. ADDRESS NAME (Type) Pathologist. V. A. Hospital, Perry MOONEY 23a BUR AL CREMATION. DATE THEREOF 23d LOCATIONLICity REMOVAL (Specify) . 41 256 REGISTRAR'S SIGNATURE 250, REC'D BY REGISTRAR



1				MARY	LAND	STATE DE	PARTM	ENT OF	HEALTH	H-BAL	TIMORE,	18	/ 43	F 120
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Page 4	1		PLACE OF DEATH	Cecil		A	MARYLAND	2. USUAL RE o. STATE		here deceased	Hived. If institut b. COUNTY		_	iston)
death.	Ł		CITY OR TOWN RURAL and give	(If autside carporate limi nearest tawn)	its, write	3 day			r town (if a Lkton	outside corpo	rote timits, write	RURAL and give	nearest taw	m)
y rice for	065	1	OR INSTITUTION	PITAL (If not in haspital, s	give street a	- W	, 5	d. STREET	ADDRESS on Ho	enita	7		ON	SIDENCE A FARM?
24 haur lled in E s 1 and			NAME OF DECEASED Type or print)	LARRY			ALE		lost RENT	4. DATE OF DEATH	Jan.	nth 22	Day	Yeor 19 61
within rely fil		5. :		6. COLOR OR RACE	7. MARRI	ED NEVER M	ARRIED X	8. DATE OF BII		064	9. AGE (In years lost birthday)	Months Day		DER 24 HRS
cuted cample capers.		100	Male USUAL OCCUPAT during most of wo	White ION (Give kind of work arking life, even if retired	WIDOWE		ORCED				yrs ountry)	12 CITIZEN	_	
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g physician remove car 72 haurs aft				rent, Jr.	oreo la c		v.v.a. .	NFORMANT	Dorot	hy Bi		dress		
8 0 2 2			WAS DECEASED ET	VER IN U. S. ARMED FOR (If yes, give wor or dores of s		none		Bol	ey Tr	ent.			Md.	
iNG PHYSICIAN: The law requires that the death aspital or attending physician. After this certificate has been signed by the attending far use as the burial-transit permit. Then please all, cremation, ar remayal, and in any event within?	٥	MEDICAL CERTIFICATION	PART I. DI 776 Conditions, if gove rise to couse (a), stotin lying couse los PART II. O 20a, ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIE Haur o, m p. m	immediate g the under. THER SIGNIFICANT CON WAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Month, Doy, Ye	20b. DESC	ONTRIBUTING TO	O DEATH BUT	D. (Enter noture ACE OF INJURY ctory, street, off	Y (Home, farm	Port I or Por	or town)	VEN IN PART 1(c	PERFOYES (AUTOPSY ORMED? (State)
TO HOSPITAL CATTENER May be retained by the P TO FUNERAL DIRECTOR: A page 3 shauld be detach the registrar priar to buri	1	1	actual SIGNATURE PHYSICIAN'S NAME (Type) BURIAL CREMAT REMOVAL (Specification of the control of	1-25-61	DF	John 22c. NAME OF	CEMETERY O	M.D	23 5 F/A) PK.	ADDRESS (S		i, stote) 17uc	(Sto	ATE SIGNED
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IF UNDER 1 YEAR IF UNDER 24 HRS.

IS RESIDENCE ON A FARM? YESUTI NO DWD

> Year 1961

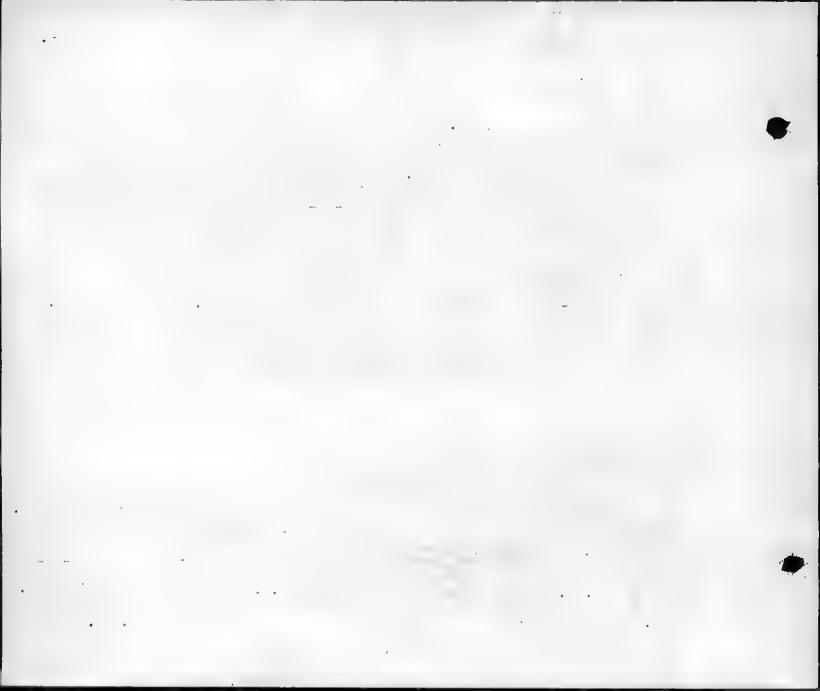
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	1, F	LACE OF DEATH					2. USUAL RESID	ENCE (Whe	ere deceased			nce befare	admission)
A. Carrier	٩	COUNTY	Cecil		MARY	LAND	a. STATE	ennsy	rlvani	a. b. COUNT	1		44-
1	ŀ	. CITY OR TOWN	(If outside carporate limit	s, write	c, LENGTH OF STAY	IN 16	c. CITY OR TO	OWN (If ou	utside carpor	ate limits, write	RURAL and	give near	est lawn)
		Perry 1			30 year	8	P:	ittsb	urgh				
	-		PITAL (If not in hospital a	ive street]	4mo.28day	S	d. STREET AD	DDRESS			<i>c</i> .	2°	IS RESIDE
63	۷e		Administrat:	ion E	Hospital		202	Lehig	gh_		ene" \		YESTER
4	3. [NAME OF	Fire	il .	Middle		Last		4. DATE	Mo	ın Ih	Day	Yea
		Type or print)	ANI	DREW	C.		TROMB	LEY	OF DEATH	Janua	ary	17	19
	5. 9	EX	6. COLOR OR RACE	7. MARR	IEDE NEVER MARRIE	ED 🔲 8	DATE OF BIRTH			9. AGE (In years last birthday)	Manih		F UNDER 2
		Male	White	WIDOWE	DIVORCE		10-10-	96		64 yr		Doys	Hours
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		Carpe			rpenterin	g	Penn	sylva	ania			USA	
	13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME				
\mathcal{I}		J	Joseph Trom	oley			Jane	(?)					
	1S.	WAS DECEASED E	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17 IN	FORMANT			Ad	dress		
		Yes	WW-I	- 1	ınknown	Ho	spital	Recor	rds, I	AH, Pe	rry P	oint	Md.
		18 CAUSE OF D	EATH [Enter anily and co	use per lin	ne far (a), (b), and (c).]							TAND DE
		PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a	Му	ocardial :	infa	rction,	old	& rec	ent		2	
		And c	2.7 PUE TO										
		Conditions if		Ar	terioscle:	roti	c heart	dise	ase				
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,	CERTIFI	OR CONTRIBUTION	WAS UNDERLYING NG CAUSE OF DEATH	206. DESC	TRIBE HOW INJURY O	CCURRED). (Enter nature at	injury in P	rant I or Port	II of ilem 16)			
		20c TIME OF INJ	FY MEDICAL EXAMINER)	- 201 1	Think occupato	20. DI A	CE OF INJURY (H	Jama Farm	, 20f. (City	as laws)		(County)	
	MEDICA	Haur a. n	1,	While	NJURY OCCURRED		tory, street, office			or rown,		(Coomy)	
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-		22a SIGNATURE	XXX november bears		XXXXXXXXXbnd	that d	eath occurred	a <u>b</u> 140	MG Bram	the causes a	nd an th	ie date	stated at
in the		12d SIGNATURE	D- P 6	MI	1811-		ATTENDING	→ ME	RECTOR [STAFF PHYS			S
		22c. PHYSICIAN	7.01	The	The same of the sa	n	22d. ADDRE		KECTOK E	rnis lat			1-17
		NAME (Type	T I CAD	ישינו	Clinical	Pati	hologist	. V.	A. Ho	snital.	Perr	v Pc	int.
	230	BLR AL, CREMA	ION, 23b DATE THEREC	F	23c NAME OF CEM					ION (City, tawn			(State)
	1	REMOVAL (Speci		1961		cnow				nnellsv	, ,		
	24	FUHERAL DIRECTO			ADDRESS			250 REC'I	D BY REGIST	RAR 2Sb. REC	GISTRAR'S S	GNATUR	E
		Penning	ton/& Son	Ha	vre de Gra	P.C.	Id. a	DATE IS	N 2 0 16	1 /	7 Thun S	That	A

12 CITIZEN OF WHAT COUNTRY? ry) USA Address Perry Point, Md. INTERVAL BETWEEN ONSET AND DEATH 2 days ONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
YES 1 NO of item 1B) (awn) (County) (State) mary 17. 161xxxxxxxxxxxxx e causes and an the date stated above 22b DATE SIGNED STAFF -17-61 oital, Perry Point. N (City, tawn, ar county) (State) nellaville, Pa. 25h REGISTRAR'S SIGNATURE 17 than & Kraus DATE JAN 2 0 '61

VR A15 [4] 1SM 9/59

death. Page 4

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs



MARYLAND STATE DEPARTMENT OF HEALTH 530 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH director, With 2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY filed MARYLAND Cedil Virginia Prol c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) should Perry Point Pairfax 8 davs d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? OR INSTITUTION by 2 s YES DUNG OWN Veterans Administration Hospital 200 Court Street NAME OF DECEASED Day Middle Last 4. DATE Month Year First DEATH TURNER Poges death. (Type or print) HAYWOOD January 73 19 61 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED TO B. DATE OF BIRTH S. SEX last birthday) Days Manths ofter Hours DIVORCED | Male White WIDOWED | 12-15-98 62 compiel 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) gud Watchman Unknown Virginia USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME physicion ġ Norva Carpenter (deceased Ben Turner (deceased) 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. attending p Hospital Records, VAH, Perry Point, Md. Yes WW-II213-01-5729 INTERVAL BETWEEN IB. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Bronchopneumonia, bilateral, unresolved DUE TO Chronic Congestive Heart Failure Months Conditions, if any, which been signed permi gave rise to immediate DUE TO cause (a), stating the under-Unknown (c) Chronic Emphysema lying cause lost **burial-transit** WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 PERFORMED? YES INO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) certificate the 20e. PLACE OF INJURY (Hame, form, 20f (City or town) (Stote) 20c. TIME OF INJURY 20d INJURY OCCURRED (County) Doy, factory, street, office bldg., etc.) Haur a.m. While Not while at wark ot wark by the haspital detach FUNERAL DIRECTOR: 22b DATE 22_o. SIGNATURE 1-13-61 SIGNED STAFF PHYS M D PHYS DIRECTOR [should be 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) Asst. Clinical Pathologist. VAH. Perry Point. Maryland 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City town, or county) DATE THEREOF (State) 230 BURIAL CREMATION. 23b REMOVAL (Specify) Arlington National Arlington, Virginia KEMOVAL o 25b REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** DATE JAN 2 0 '61 Havre de Grace. Md. 1SM 9/59

requires that the death certificate be





FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 532 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
Cecil ManyL	
	rs North East R.D.1.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddres Union Hospital	d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle Paul John Paul	Williams, Sr. DEATH Month Dey Year 1 12 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED MIEVER MARRIED WIDOWED DIVORCED	By DATE OF BIRTH 19. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. 10. AGE (IN yeers IF UNDER 1 YEAR IF UNDER 24 HRS. 10. AGE (IN yeers IF UNDER 1 YEAR IF UNDER 24 HRS. 10. AGE (IN yeers IF UNDER 1 YEAR IF U
10. USUAL OCCUPATION (Give kind of work spe during most of working life, even if relired) Por FATHER'S NAME	NOUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN MANGE 14. MOTHER'S MAIDEN MANGE
MS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (1935-197) of unknown) (If yes give war or dates of service)	17. INFORMANT Address Elkton Md.
18. CĂUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed ri	ght side of thorax ONSET AND DEATH
DUE TO Conditions, if eny, which (b)	
gave rise to immediate cause (e), staling the underlying Cause last,	
(4)	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED. YES NO
PRIMARY CONTRIBUTING	URED. (Enter natura of injury in Part I or Part II of item 18.) n car in back of truck
Hour Tagen. 7 70 While Not While	Oe. PLACE OF INJURY (Home, farm, factory, street, office bldg., atc.) Route 40 North East Cecil Md.
21. I certify that I took charge of the remains described abo	
death resulted from: Natural causes . Accident	Suicide . Homicide . Undetermined manner
ACTUAL SIGNATURE SIGNATURE	CHIEF MEDICAL EXAMINER AND DATE SIGNED
EXAMINER'S R.C. Dodson	DEPUTY MEDICAL EXAMINED Md. I-13-61 Address (Street, city, town, or county)
228. BURIAL CREMATION 228. DATE THEREOF 1922. NAME OF CEMET	elvans (State)
23. FUNERAL DIRECTOR Bailey Harling	19 19 19 19 19 19 19 19 19 19 19 19 19 1

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 froms after death, if any dwittensery, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral artector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Medith, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 7/59

14-54 A PETALO NO STADINITED IS SUMPLANDING SECURISION. Lience Carlo and street and and a Ed and St. A. L. S. of the control o meters to able the Parison's deret to test the way of days The figure and the state of the figure and the figu 135 0 3 .4

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AT		. CITY OR TOWN	(if outside con	porata limit	rs.	MARYLA		CITY OR TOWN		orata limits, writ	a RURAL and giv	va naarast town)
-		Eikton	nd give nearest	lown)			1	Chea	nonke	City.	Md.	
,	-				if not in hospi	1 WOOK	3	STREET ADDRESS		- U 3		a. IS RESIDENCE
65		Union	Hospit	.al								YES NO
2000		NAME OF		First		Middla	- 11	Last	4. DATE	Mont	h Da	ay Yaar
		DECEASED (Type or print)		Tohn	T. Wo	oolevhan			OF DEATH	1/	20/	1967
	5.	SEX				NEVER MARRIED	1 8. DAT	E OF BIRTH	9	. AGE (In years	IF UNDER I YEA	
		Male	Whit		WIDOWED		Oct	.31/188	g I	last birthday)	Months Day	s Hours Min.
	10a	USUAL OCCUPA	TION (Give ki	nd of work	10b. KIN	ND OF BUSINESS OR IN	11000			foreign country) 12. CITIZEN	OF WHAT COUNTE
	do	ne during most of w Retired	vorking life, ev	en if ratire	d)			1.52				
	13	FATHER'S NAME	P BITHE	31.	1		114	MCL .	NAME			
)		9 107	-					7			
	15		eph Wo			OCIAL SECURITY NO.	17 191801	m	cord	Addres		
	(Ya	s, no, or unkown)	(Ifyesgivawar	or dates of s	arvice)	OCIAL SECORITY NO.			/			
							Edga	r Woode	yhan, M	iddlet	own De	1
						ne for (a), (b), and (c).]						ONSEL AND DEATH
		PART I. DEA	IMMEDIATE		Cai	rdio- Vas	sular	Failur	е			To min
		5 18	1	DUE TO	Ман	ssive Emp	zema:	(Rt.	Stide)			1 week
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		Conditions, if ar	ny, which	(b)								
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		gava risa to imma (a), stating tha cousa last.	undarlying	DUE TO	Bro	ohcho-Ple	ıra F					
9	NO	gava risa to imma (a), stating tha cousa last.	undarlying	DUE TO	Bro	ohcho-Ple	ıra F					1 19. WAS AUTOPS
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2		gava risa to imma (a), stating tha cousa last. PART II. OTH Lung 20a. ACCIDENT V	ADSCE! WAS UNDERLY G CAUSE OF MEDICAL E	(c) NT CONDI	Broms control Rt. 1	TRIBUTING TO DEATH BUTTON TO D	TO T NOT RELA TO NOT RELA PLACE OF	ericard	itis M	condition GI	VEN IN PART 1(e	19. WAS AUTOPS PERFORMED? YES NO
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